



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	HILARY GISSELL LOPEZ CARRION			License Number	DCFH.57887	Date of Inspection	11/04/2024
				Expiration Date	8/31/2027	Time of Inspection	01:06 PM
Address	33 PARK AVE APT 1 DANBURY CT 06810-4301			Telephone	(774) 899-8701	Regular Capacity	6
				Days and Hours	Monday- Friday 6am-10pm Saturday 6am-7pm	School Age Capacity	3
# Children Present	6	# Under 18 months present	4			Summer Care	Open
Purpose of Inspection	Follow up			Name of Inspector	Janarish Lopez		
Provider's Email	hglc_95@hotmail.com			Inspector's Email	janarish.lopez@ct.gov		

***CONSENT TO INSPECT:** I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:



<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Dcfs:92700
Dcfs: 92606
When entering provider was upstairs in the second apartment.
Discussion: franchising and and ensuring

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	 (Printed Name)		HILARY GISELL LOPEZ CARRION (Printed Name)