



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA E LOPEZ			License Number	DCFH.56327	Date of Inspection	11/20/2024
				Expiration Date	7/31/2025	Time of Inspection	12:53 PM
Address	21 LEXINGTON AVE WATERBURY CT 06710-1435			Telephone	(203) 228-1416	Regular Capacity	6
				Days and Hours	MONDAY-FRIDAY 6A.M.- 10pm	School Age Capacity	3
# Children Present	3	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Safe sleep provisions			Name of Inspector	Alexandra Rodriguez		
Provider's Email	marilenalopez@yahoo.com			Inspector's Email	alexandra.rodriguez@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).

Maria Lopez

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: [19a-87b-5(h)]	Description: 009-Photo ID
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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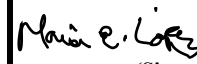
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed with provider, household member's background check is scheduled for 11/23/24. Household member was not present during inspection.
Two substitutes present with provider.

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)
Alexandra Rodriguez (Printed Name)	Jannie Thornton (Printed Name)		MARIA E LOPEZ (Printed Name)