



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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|------------------------------|---------------------------------------|----------------------------------|--------------------------|-----------------------------|----------------------------|------------|
| Provider | MONICA ELIZABETH SAMANIEGO | | License Number | DCFH.57922 | Date of Inspection | 12/09/2024 |
| | | | Expiration Date | 11/30/2027 | Time of Inspection | 11:25 AM |
| Address | 5 1ST ST # 2 DANBURY CT 06810-5001 | | Telephone | (203) 528-2131 | Regular Capacity | 6 |
| | | | Days and Hours | Monday- Saturday 6am-7pm | School Age Capacity | 3 |
| # Children Present | 5 | # Under 18 months present | 2 | Summer Care | Open | |
| Purpose of Inspection | Follow up | | Name of Inspector | Janarish Lopez | | |
| Provider's Email | monicarod3232@gmail.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).

Monica Samaniego

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

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| 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 |
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| Statute and/or Regulation: [19a-87b-5(e)] | Description: 006-Infant/Toddler Restriction |
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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

No violations found at time of visit.

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.*

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|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: | <i>Monica Samaniego</i> (Signature of Person in Charge) |
| Janarish Lopez (Printed Name) | (Printed Name) | | MONICA ELIZABETH SAMANIEGO (Printed Name) |