



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANA ADAMES				<b>License Number</b>	DCFH.57561	<b>Date of Inspection</b>	03/17/2025
					<b>Expiration Date</b>	10/31/2025	<b>Time of Inspection</b>	11:45 AM
<b>Address</b>	16 CAMP ST WATERBURY CT 06704-3928				<b>Telephone</b>	(475) 689-9219	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM 10:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	1	<b>Weekend Hours</b>	No
					<b>Total children present</b>	6	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Day 2 full				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	anaadamesmendoza@gmail.com				<b>Inspector's Email</b>	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).*

*Ana Adames*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b>	[19a-87b-10(b)(3)(B)]	<b>Description:</b>	056-Emergency Permission Form
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Failed to maintain complete emergency care information for 4 children

<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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Statute and/or Regulation: [19a-87b-8(c)]	Description: 020-Emergency Caregiver
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Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Discussed :  
 -Reviewing all documents turned in by the parents ensuring that all names match the children in care and that all enrollment forms have been filled out completely by the parent and reviewed by the provider to ensure that the documents are correct.  
 -Dcfs:92525

**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: 03/31/2025	 (Signature of Provider/Substitute/Applicant)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>ANA ADAMES</b> (Printed Name)