



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SANTA AYBAR				<b>License Number</b>	DCFH.57966	<b>Date of Inspection</b>	06/30/2025
					<b>Expiration Date</b>	2/29/2028	<b>Time of Inspection</b>	09:20 AM
<b>Address</b>	31 EVERGREEN ST WATERBURY CT 06708-2129				<b>Telephone</b>	(203) 695-9069	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 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-Sun	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	1	<b>Weekend Hours</b>	Yes
					<b>Total children present</b>	1	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Immediate access				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	santiandfamily@yahoo.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).*

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

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<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

