



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA CELIA ARANTES				License Number	DCFH.56441	Date of Inspection	07/30/2025
					Expiration Date	7/31/2028	Time of Inspection	02:03 PM
Address	39 FARM ST DANBURY CT 06811-4612				Telephone	(203) 460-6643	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	<input checked="" type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	3	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	Day 2 of full inspection				Inspector's Name	Janarish Lopez		
Provider's Email	celia.arts@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Observed 7 children in care when entering the home	
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
Observed 3 children 18 months and younger with no additional staff	
Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
Didn't observe fire drills logged	
Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
Didn't observe complete enrollment forms for 4 children	
Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
Didn't observe a physical for 1 child	

Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
Didn't observe a current immunization record for 1 child	
Statute and/or Regulation: [19a-87b-10(c)]	Description: 062-Meeting the Child's Needs
Didn't observe a medication that is needed for a child.	
Statute and/or Regulation: [19a-87b-10(g)]	Description: 078-Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disposal
Observed a cloth diaper changing mat used for the children not changed after each diaper change. Observed a used diaper not disposed of correctly left on diaper changing mat , didn't observe children's hands washed after the diaper change for 5 children.	
Statute and/or Regulation: [19a-87b-17]	Description: 094- Policies and Procedures for Adm of Meds
Provider not in compliance with maintaining complete written policies on the administration of medication.	
Statute and/or Regulation: [19a-87b-17(a)(2)]	Description: 095-Parent Permission for Nonprescription Topical Meds
Didn't observe parent permission for non-prescription topical medication for 5 children	
Statute and/or Regulation: [19a-87b-17(b)(3)]	Description: 100-Written Authorized Prescriber/Parent Permission
Provider not in compliance with maintaining written parent permission for prescription medication for 1 child	
Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 032-Emergency Plan

Statute and/or Regulation: [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
---	---

Statute and/or Regulation: [19a-87b-10(b)(3)(A)]	Description: 057-Authorized Release
---	--

Statute and/or Regulation: [19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	Description: 058-Field Trip and Transportation Permission
--	--



Statute and/or Regulation: [19a-87b-10(b)(3)(E)]	Description: 059-Swimming Permission
---	---

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: Yes
---	--------------------

DISCUSSIONS/COMMENTS

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. Providers are required by statutes and regulations to be in compliance at all times.*
- 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: 08/13/2025	 (Signature of Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	(Printed Name)		MARIA CELIA ARANTES (Printed Name)