



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA CELIA ARANTES				License Number	DCFH.56441	Date of Inspection	08/04/2025
					Expiration Date	7/31/2028	Time of Inspection	02:27 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	6	Night Hours	No
Type of Inspection	Follow up capacity and infant capacity				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: [-]	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-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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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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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

Maderlene Robadel Dcfs. 92941

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:	 (Signature of Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	(Printed Name)		MARIA CELIA ARANTES (Printed Name)