



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	BETTY TAYLOR				License Number	DCFH.52390	Date of Inspection	09/09/2025
		Expiration Date	4/30/2029	Time of Inspection	09:49 AM			
Address	16 QUAKER RD NORWALK CT 06854-1020				Telephone	(203) 855-9555	Regular Capacity	6
		Hours of Operation	6:30 AM – 6:00 PM	School Age Capacity	3			
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address		# Under 18 mths present	0	Weekend Hours	No			
		Total children present	1	Night Hours	No			
Type of Inspection	Follow up on Safe Sleep (74 & 68)				Inspector's Name	Candy Vargas		
Provider's Email	dunzo53@hotmail.com				Inspector's Email	candy.vargas@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	
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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-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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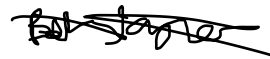
WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

No violations observed.

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)
Candy Vargas (Printed Name)	 (Printed Name)		BETTY TAYLOR (Printed Name)