



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA FERNANDA JIMENEZ				License Number	DCFH.57852	Date of Inspection	10/07/2025
					Expiration Date	6/30/2027	Time of Inspection	01:15 PM
Address	666 MAIN ST APT 1 EAST HAVEN CT 06512-2039				Telephone	(203) 640-0203	Regular Capacity	6
					Hours of Operation	5:00 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	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 for CAP				Inspector's Name	Jenny Ferreira		
Provider's Email	mafer_shasha_@hotmail.com				Inspector's Email	jenny.ferreira@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:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:



WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

Provider has been sick. OEC specialist stopped by only to pick up the Corrective Action Plan. Addendum to be created to correct the inspection report. Item #45 was not cited at the full inspection.

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)
Jenny Ferreira (Printed Name)	 (Printed Name)		MARIA FERNANDA JIMENEZ (Printed Name)