



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CYNTHIA KELSIA DE SOUZA ROCHA				License Number	DCFH.57652	Date of Inspection	11/05/2025
					Expiration Date	5/31/2026	Time of Inspection	01:28 PM
Address	90 FOLINO DR BRIDGEPORT CT 06606-1057				Telephone	(203) 690-7607	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 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	1	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	Follow up on access				Inspector's Name	Candy Vargas		
Provider's Email	Cynthiakelsia28@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	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-13]	Description: 093-Access
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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?	<u>YES/NO:</u> No
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DISCUSSIONS/COMMENTS

Access was observed to be in compliance.

IMPORTANT NOTES

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| <ul style="list-style-type: none"> <i>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</i> <i>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.</i> <i>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i> |
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 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Candy Vargas (Printed Name)	Ana Sanchez (Printed Name)		CYNTHIA KELSIA DE SOUZA ROCHA (Printed Name)