




**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MARIA CELIA ARANTES				<b>License Number</b>	DCFH.56441	<b>Date of Inspection</b>	11/19/2025
					<b>Expiration Date</b>	7/31/2028	<b>Time of Inspection</b>	08:41 AM
<b>Address</b>	39 FARM ST DANBURY CT 06811-4612				<b>Telephone</b>	(203) 460-6643	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	7:00 AM – 5:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	2	<b>Weekend Hours</b>	No
					<b>Total children present</b>	6	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up approved staff and capacity				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	celia.arts@gmail.com				<b>Inspector's Email</b>	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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant
---	--

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------



<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> No
---	-------------------

<b>DISCUSSIONS/COMMENTS</b>
-----------------------------

Dcfs: 92941 Maderlene P. Robadel

<b>IMPORTANT NOTES</b>
------------------------

- *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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Janarish Lopez</b> (Printed Name)	(Printed Name)		<b>Maderlene P. Robadel</b> (Printed Name)