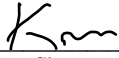




**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	KETTIE LOUIS				<b>License Number</b>	DCFH.56711	<b>Date of Inspection</b>	12/02/2025
					<b>Expiration Date</b>	10/31/2027	<b>Time of Inspection</b>	10:00 AM
<b>Address</b>	35 MADISON PL 2ND FL STAMFORD CT 06902-5612				<b>Telephone</b>	(203) 276-0824	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 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>	1	<b>Weekend Hours</b>	No
					<b>Total children present</b>	3	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up on Access				<b>Inspector's Name</b>	Candy Vargas		
<b>Provider's Email</b>	mhhchildcare@gmail.com				<b>Inspector's Email</b>	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**

<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>

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<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

Statute and/or Regulation: [19a-87b-9(o)]	Description: 051-Pets
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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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WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
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**DISCUSSIONS/COMMENTS**

Immediate access was granted upon arrival. Provider completed her medical and the dogs rabies vaccines. Field trip and transportation permission were on file for a child that was previously missing the information. Corrective Action Plan was approved at the time of inspection. CPR/FA was discussed with the provider.

**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)
<b>Candy Vargas</b> (Printed Name)	   (Printed Name)		<b>KETTIE LOUIS</b> (Printed Name)