



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |  |  |     |   |                                |                       |                            |            |
|-------------------------------------|--|--|-----|---|--------------------------------|-----------------------|----------------------------|------------|
| <b>Provider</b>                     | ZAIDA ABRAHAMSON                         |  |     |   | <b>License Number</b>          | DCFH.54233            | <b>Date of Inspection</b>  | 12/30/2025 |
|                                     |  |  |     |   | <b>Expiration Date</b>         | 2/28/2029             | <b>Time of Inspection</b>  | 10:04 AM   |
| <b>Address</b>                      | 90 FAIRFAX ST<br>WATERBURY CT 06704-2348 |  |     |   | <b>Telephone</b>               | (203) 573-0915        | <b>Regular Capacity</b>    | 6          |
|                                     |  |  |     |   | <b>Hours of Operation</b>      | 6:00 AM – 6:00 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> | 0                     | <b>Weekend Hours</b>       | No         |
|                                     |  |  |     |   | <b>Total children present</b>  | 1                     | <b>Night Hours</b>         | No         |
| <b>Type of Inspection</b>           | Immediate access & supervision           |  |     |   | <b>Inspector's Name</b>        | Janarish Lopez        |                            |            |
| <b>Provider's Email</b>             | zabrahamson23@hotmail.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).

*Zaida Abrahamson*

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>                   |
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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>                                |
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| <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>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) and/or (10)a] | <b>Description:</b> 006-Infant/Toddler Restriction |
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|--|---|
| Statute and/or Regulation: [19a-87b-10(i)] | Description: 081-Supervision-At All Times, Indoors/Outdoors |
|--|---|

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|---|-------------------------|
| Statute and/or Regulation: [19a-87b-13] | Description: 093-Access |
|---|-------------------------|

|                            |              |
|----------------------------|--------------|
| 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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| <b>DISCUSSIONS/COMMENTS</b> |
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| <b>IMPORTANT NOTES</b> |
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- 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.*

|  |                                       |                                |   |
|--|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Janarish Lopez</b><br>(Printed Name)  | <br>(Printed Name)                    |                                | <b>ZAIDA ABRAHAMSON</b><br>(Printed Name)   |