



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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| Provider | JUANA I FLORES | | | | License Number | DCFH.58093 | Date of Inspection | 03/18/2026 |
| | | | | | Expiration Date | 11/30/2028 | Time of Inspection | 12:10 PM |
| Address | 77 CONCORD RD MANCHESTER CT 06042-1723 | | | | Telephone | (860) 335-4384 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 7:00 AM – 5:30 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 | 2 | Weekend Hours | No |
| | | | | | Total children present | 5 | Night Hours | No |
| Type of Inspection | Follow up for snow covered outdoor | | | | Inspector's Name | Jannie Thornton | | |
| Provider's Email | Juanaflores_0625@yahoo.com | | | | Inspector's Email | jannie.thornton@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

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| 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 |
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| Statute and/or Regulation: [19a-87b-9(f)(1-2)] | Description: 039-Indoor/Outdoor Space-Safe and Sufficient |
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| Statute and/or Regulation: | Description: |
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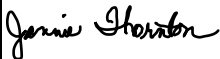

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| WERE VIOLATIONS CITED DURING THIS VISIT? | <u>YES/NO:</u> No |
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DISCUSSIONS/COMMENTS

Out door area moved to the side of the house. No hazards observed today.

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.

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|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Substitute/Applicant) |
| Jannie Thornton (Printed Name) | (Printed Name) | | JUANA I FLORES (Printed Name) |