



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	GENESIS LORA ALMONTE				License Number	DCFH.58183	Date of Inspection	04/21/2026
					Expiration Date	4/30/2029	Time of Inspection	01:03 PM
Address	149 CELIA DR WATERBURY CT 06705-3112				Telephone	(203) 690-4225	Regular Capacity	6
					Hours of Operation	6:00 AM – 6:30 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	0	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	Snow on playground follow up				Inspector's Name	Alexandra Rodriguez		
Provider's Email	glora1093@gmail.com				Inspector's Email	alexandra.rodriguez@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:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:



WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

No hazards observed on outside play area.

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.

		DATE CORRECTIONS DUE BY:	
(Signature of OEC Representative)	(Signature of OEC Representative)		(Signature of Provider/Substitute/Applicant)
Alexandra Rodriguez			GENESIS LORA ALMONTE
(Printed Name)	(Printed Name)		(Printed Name)