



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	JANET MAKSZIN				<b>License Number</b>	DCFH.18786	<b>Date of Inspection</b>	06/05/2026
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	10:54 AM
<b>Address</b>	3 DAPHNE DR NORWALK CT 06851-3101				<b>Telephone</b>	(203) 979-0964	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	7:00 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>	2	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up for access, supervision, & unapproved staff				<b>Inspector's Name</b>	Melissa Lohr		
<b>Provider's Email</b>	jmakszin@me.com				<b>Inspector's Email</b>	melissa.lohr@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).

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 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>
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<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-8(a)-(b) and/or 19a-87b-8(d)]	Description: 019-Substitute/Assistant
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Statute and/or Regulation: [19a-87b-9(d)(4)(D)]	Description: 031-Stairways: Protected/Handrails
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Statute and/or Regulation: [19a-87b-9(l)]	Description: 049-Safe Transportation-Registered/Insured/Restraints
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Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]	Description: 050-First Aid Supplies
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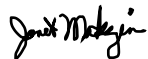
WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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**DISCUSSIONS/COMMENTS**

Household members were not present at this visit. A friend was visiting. Discussed that only OEC approved staff may provide direct care to children. Provider now has 2 child safety restraints with 5-point harnesses to transport children in her vehicle. Discussed that visitor may only transport enrolled children if parents provide written permission and list the visitor on the child's permission form as someone the child may be released to. Provider allowed access to the shed on the side of the home that was locked during initial inspection. Gates were in place at both stairways. CPR mouth barrier was purchased and on site. Supplied provider with a medical release form.

**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>Melissa Lohr</b> (Printed Name)	 (Printed Name)		<b>JANET MAKSZIN</b> (Printed Name)