



FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	DARLENE CHARLES-SANDY		License Number	DCFH.57769	Date of Inspection	12/07/2023
			Expiration Date	12/31/2026	Time of Inspection	12:57 PM
Address	21 ASHLEY ST HARTFORD CT 06105-1402		Telephone	(860) 614-3459	Regular Capacity	6
			Days and Hours	M-F 6am-6pm	School Age Capacity	3
# Children Present	6	# Under 18 months present	5	Summer Care	Open	
Purpose of Inspection	Follow- up for Capacity		Name of Inspector	Jenny Ferreira		
Provider's Email	DarleneSandy1992@gmail.com		Inspector's Email	jenny.ferreira@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	Observed 7 children and two staff members present.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	Observed 5 infants and two staff members present.

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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Notification of change form provided for a new household member.

Comments:

NOTE: 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.
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 Person in Charge)
Jenny Ferreira (Printed Name)	(Printed Name)		(Printed Name)