



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME – INVESTIGATION**

<b>Provider</b>	ALBANIA SANTOS			<b>License Number</b>	DCFH.57825	<b>Date of Inspection</b>	01/05/2024
				<b>Expiration Date</b>	5/31/2027	<b>Time of Inspection</b>	11:30 AM
<b>Address</b>	621 N COLONY ST FL 3 MERIDEN CT 06450-2237			<b>Telephone</b>	(908) 525-5659	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	24/7	<b>School Age Capacity</b>	3
<b># Children Present</b>	9	<b># Under 18 months present</b>	3			<b>Summer Care</b>	Open
<b>Purpose of Investigation</b>	2023-1207. Follow up to visit from 1/04/2023 capacity			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	jassdaycarect@gmail.com			<b>Inspector's Email</b>	eileen.ruiz@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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<b>Other Findings- In Compliance or Pending</b>		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	Nine children present today.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	Three children under 18 months of age.

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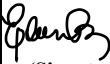


<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions**

A child that is enrolled in floor number two was found upstairs in floor number three today. It was discussed that if a child is going to attend, all paperwork must be available at the program. Parents must be made aware that the child will be attending both floors. Children may not be transferred ever without parent knowledge or written consent.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)		ALBANIA SANTOS (Printed Name)