



**FAMILY CHILD CARE HOME – INVESTIGATION**

<b>Provider</b>	ALBANIA SANTOS			<b>License Number</b>	DCFH.57825	<b>Date of Inspection</b>	03/08/2024
				<b>Expiration Date</b>	5/31/2027	<b>Time of Inspection</b>	12:29 PM
<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>	8	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Investigation</b>	Follow up			<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).

*Albania S.*

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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<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>
[19a-87b-10(a)]	004-Capacity	

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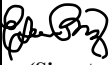
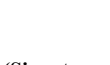
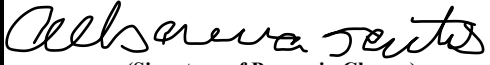
**Discussions**

Provider was in capacity with 8 children. One of the children present today upstairs in floor 3 is usually enrolled in the licensed apartment floor 2 but since the downstairs provider was sick and left for an appointment, they transferred the child upstairs.

**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)