



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	AIDA SANTANA			License Number	DCFH.31051	Date of Inspection	05/07/2024
				Expiration Date	5/31/2026	Time of Inspection	10:28 AM
Address	227 FLATBUSH AVE HARTFORD CT 06106-3725			Telephone	(860) 833-9086	Regular Capacity	6
				Days and Hours	MONDAY - FRIDAY 7:00AM- 5:15PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow-up to pickup CAP and review documents.			Name of Inspector	Carmen Valenzuela		
Provider's Email	Aida.santana18@gmail.com			Inspector's Email	carmen.valenzuela@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:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
---	--------------------------------------

Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
--	--------------------------------

Statute and/or Regulation:	Description:
----------------------------	--------------


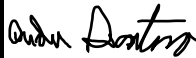
Statute and/or Regulation:	Description:
----------------------------	--------------

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

DISCUSSIONS/COMMENTS

Reviewed Child Health Assessment Record, and differences with visit summary report.
No violations observed at this visit

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)
Carmen Valenzuela (Printed Name)	 (Printed Name)		AIDA SANTANA (Printed Name)