



**FAMILY CHILD CARE HOME – INVESTIGATION**

<b>Provider</b>	MARIA ERICA DIEGO		<b>License Number</b>	DCFH.57872	<b>Date of Inspection</b>	06/05/2024
			<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	11:56 AM
<b>Address</b>	44 SCHUYLER AVE # 1 STAMFORD CT 06902-3710		<b>Telephone</b>	(475) 419-4913	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	Monday- Friday 7:00 Am-6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Investigation</b>	Follow up safety agreement		<b>Name of Inspector</b>	Carlos Albizu		
<b>Provider's Email</b>	happydaycare44@gmail.com		<b>Inspector's Email</b>	carlos.albizu@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*

**SUBSTANTIATED VIOLATIONS OF REGULATIONS**

<b>VIOLATION</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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<b>VIOLATION</b>	<b>Statute - Regulation</b>	<b>Description:</b>
<b>NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS</b>		
<b>STATUS:</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

(This area is intentionally left blank for discussions and comments.)

**NOTE:** Only the regulations marked as pending, substantiated or non-substantiated were monitored or discussed.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Carlos Albizu (Printed Name)	 (Printed Name)		MARIA ERICA DIEGO (Printed Name)