



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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| Provider | SAFIA IQBAL | | License Number | DCFH.54530 | Date of Inspection | 07/10/2024 |
| | | | Expiration Date | 10/31/2025 | Time of Inspection | 09:43 AM |
| Address | 38 BUTTERNUT DRIVE EAST HARTFORD CT 06118 | | Telephone | (860) 656-6728 | Regular Capacity | 6 |
| | | | Days and Hours | M-F 6AM-8PM | School Age Capacity | 3 |
| # Children Present | 3 | # Under 18 months present | 2 | Summer Care | Open | |
| Purpose of Inspection | Follow up with supervisor | | Name of Inspector | Linda Johnson Moylan | | |
| Provider's Email | sdca@sdcaacademy.com | | Inspector's Email | linda.moylan@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

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| Statute and/or Regulation: [-] | Description: 000 No Violations |
| No violations were cited during this inspection | |
| Statute and/or Regulation: | Description: |
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| Other Findings-Regulations In Compliance | |
| Statute and/or Regulation: [19a-87b-10(a)] | Description: 004-Capacity |
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| Statute and/or Regulation: [19a-87b-5(e)] | Description: 006-Infant/Toddler Restriction |
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| Statute and/or Regulation: | Description: |
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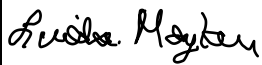


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| <u>YES/NO:</u> No | WERE VIOLATIONS CITED DURING THIS VISIT? |
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| DISCUSSIONS/COMMENTS |
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Chairs with ropes and portacribs with altered bases observed and discussed. Pictures taken. Supervisor will discuss with her manager/division director.

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.

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|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Linda Johnson Moylan (Printed Name) | Margaret Freidenfelt (Printed Name) | | SAFIA IQBAL - provider refused to sign (Printed Name) |