



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SOMARIES DIAZ		License Number	DCFH	Date of Inspection	07/19/2024
			Expiration Date		Time of Inspection	07:54 AM
Address	24 PATRICIA DR EAST HARTFORD CT 06118-2062		Telephone	(860) 970-4423	Regular Capacity	6
			Days and Hours	6:00 am - 7:00 pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0		Summer Care	
Purpose of Inspection	Follow up to initial inspection to check cap items		Name of Inspector	Linda Johnson Moylan		
Provider's Email	somadiaz1983@gmail.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

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
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
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Statute and/or Regulation: [19a-87b-9(d)(3)]	Description: 028-Electrical Safety
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Statute and/or Regulation: [19a-87b-9(f)(1)]	Description: 039-Safe Space-Sufficient
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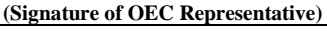

Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider will take pic of postings.

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)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		SOMARIES DIAZ (Printed Name)