



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	IRIS L HEIDAR			License Number	DCFH.53325	Date of Inspection	08/14/2024
				Expiration Date	5/31/2026	Time of Inspection	12:00 PM
Address	304 VINE ST FL 1 HARTFORD CT 06112-2029			Telephone	(860) 560-9604	Regular Capacity	6
				Days and Hours	MON-FRI 7:30AM-5:00PM; 10:30PM-7:30AM	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	CAP review and pick up			Name of Inspector	Jenny Ferreira		
Provider's Email	music4days@yahoo.com			Inspector's Email	jenny.ferreira@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-9(d)(8)]	Description: 036-Fire Extinguisher
Fire extinguisher replaced. In compliance	
Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
In compliance	

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

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Jenny Ferreira (Printed Name)	 (Printed Name)		IRIS L HEIDAR (Printed Name)