



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JAHAIRA I ORTIZ			License Number	DCFH.55719	Date of Inspection	08/26/2024
				Expiration Date	7/31/2026	Time of Inspection	11:31 AM
Address	196 DOVER ST NEW HAVEN CT 06513-4817			Telephone	(203) 690-9032	Regular Capacity	6
				Days and Hours	MON- FRI 6:00AM-6:00PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Confirm compliance			Name of Inspector	Linda Johnson Moylan		
Provider's Email	jahairaortiz8519@hotmail.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(e)]	Description: 038-Weapons
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Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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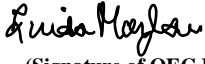
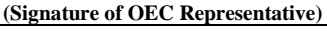

Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

(This section is currently blank for discussions and 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)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		JAHAIRA I ORTIZ (Printed Name)