



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SAMIA SULIMAN			License Number	DCFH.56878	Date of Inspection	08/27/2024
				Expiration Date	11/30/2024	Time of Inspection	04:10 PM
Address	481 SUCCESS AVE BRIDGEPORT CT 06610-2418			Telephone	(203) 543-7887	Regular Capacity	6
				Days and Hours	Monday to Friday, 6:00am to 8:30pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care		Open	
Purpose of Inspection	Unannounced full			Name of Inspector	Candy Vargas		
Provider's Email	samiasuliman@yahoo.com			Inspector's Email	candy.vargas@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:	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

Upon arrival the provider informed specialist that she was going to the clinic and there were no children present. After conducting a walkthrough there were no children observed, the provider was informed that she is due for an annual inspection and it will occur at a later time. Immediate access was discussed with the provider.

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)
Candy Vargas (Printed Name)	 (Printed Name)		SAMIA SULIMAN (Printed Name)