



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SAFIA IQBAL		License Number	DCFH.54530	Date of Inspection	09/18/2024
			Expiration Date	10/31/2025	Time of Inspection	10:08 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	4	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Partial inspection		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

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

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed chairs and porta-cribs to be compliant.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)			SAFIA IQBAL (Printed Name)