



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |  |                                  |   |                          |                                    |                            |            |
|------------------------------|--|----------------------------------|---|--------------------------|------------------------------------|----------------------------|------------|
| <b>Provider</b>              | JANICE VELEZ                                 |                                  |   | <b>License Number</b>    | DCFH.57475                         | <b>Date of Inspection</b>  | 09/18/2024 |
|                              |  |                                  |   | <b>Expiration Date</b>   | 2/28/2025                          | <b>Time of Inspection</b>  | 11:24 AM   |
| <b>Address</b>               | 79 FRANCIS ST<br>EAST HARTFORD CT 06108-2626 |                                  |   | <b>Telephone</b>         | (860) 212-9207                     | <b>Regular Capacity</b>    | 6          |
|                              |  |                                  |   | <b>Days and Hours</b>    | MONDAY - FRIDAY<br>7:00AM - 5:00PM | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 2  | <b># Under 18 months present</b> | 1 |                          |                                    | <b>Summer Care</b>         | Open       |
| <b>Purpose of Inspection</b> | Follow up                                    |                                  |   | <b>Name of Inspector</b> | Linda Johnson Moylan               |                            |            |
| <b>Provider's Email</b>      | onceuponadaycarellc@gmail.com                |                                  |   | <b>Inspector's Email</b> | 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).

*Janice Velez*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Regulatory Violations**

|   |                |                     |                        |
|---|----------------|---------------------|------------------------|
| <b>Statute and/or Regulation:</b>   | [19a-87b-9(b)] | <b>Description:</b> | 023-Freedom of Hazards |
| Lower level of yard to be used per provider, hill does not need to be fenced. Lower level yard needs: trailer, items under tree house, and large ladder near tree (of neighbors) must be made inaccessible to children. |                |                     |                        |
| <b>Statute and/or Regulation:</b>   |                | <b>Description:</b> |                        |
| <b>Statute and/or Regulation:</b>   |                | <b>Description:</b> |                        |
| <b>Statute and/or Regulation:</b>   |                | <b>Description:</b> |                        |
| <b>Statute and/or Regulation:</b>   |                | <b>Description:</b> |                        |

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|---|---|
| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| Statute<br>and/or Regulation:                   | Description:                                |
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| <b>Other Findings-Regulations In Compliance</b> |   |
| Statute<br>and/or Regulation: [19a-87b-10(a)]   | Description: 004-Capacity                   |
|   |   |
| Statute<br>and/or Regulation: [19a-87b-5(e)]    | Description: 006-Infant/Toddler Restriction |
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| Statute and/or Regulation: | Description: |
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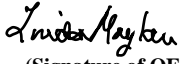
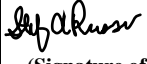

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| <b>YES/NO:</b> Yes | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|--------------------|---|

**DISCUSSIONS/COMMENTS**

Pending provider's medical and lower level yard corrections. Discussed change form.

**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.

|   |  |  |  |
|---|--|--|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY:<br>10/02/2024 | <br>(Signature of Person in Charge) |
| Linda Johnson Moylan<br>(Printed Name)  | Stefanie Russo<br>(Printed Name)   |  | JANICE VELEZ<br>(Printed Name)   |