



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JANICE VELEZ				License Number	DCFH.57475	Date of Inspection	03/19/2025
		Expiration Date	2/28/2029	Time of Inspection	09:18 AM			
Address	79 FRANCIS ST EAST HARTFORD CT 06108-2626				Telephone	(860) 993-4049	Regular Capacity	6
		Hours of Operation	7:00 AM 5:00 PM	School Age Capacity	3			
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	Follow up to check cap				Inspector's Name	Linda Johnson Moylan		
Provider's Email	onceuponadaycarellc@gmail.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).

Janice Velez

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
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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-6(b)]	Description: 013-Medical Statement
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Statute and/or Regulation: [19a-87b-9(d)(3)]	Description: 028-Electrical Safety
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Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
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Statute and/or Regulation: [19a-87b-9(d)(7)]	Description: 035-Carbon Monoxide Detector
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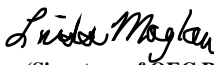
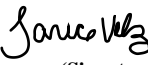
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed cap items met. Outside 4 step railing pending review.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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 Provider/Substitute/Applicant)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		JANICE VELEZ (Printed Name)