




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LEIDY A DIAZ				License Number	DCFH.55614	Date of Inspection	04/30/2026
					Expiration Date	2/28/2027	Time of Inspection	11:14 AM
Address	37 BAYVIEW AVE APT 1 NORWALK CT 06854-2004				Telephone	(203) 286-6470	Regular Capacity	6
					Hours of Operation	7:30 AM – 5:30 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	2	Night Hours	No
Type of Inspection	Follow up unapproved staff				Inspector's Name	Alexandra Rodriguez		
Provider's Email	bayviewdaycare@gmail.com				Inspector's Email	alexandra.rodriguez@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
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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-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-6(c)(1)]	Description: 014-First Aid Certificate

Statute and/or Regulation: [19a-87b-6(c)(2)]	Description: 015-CPR Certificate
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
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DISCUSSIONS/COMMENTS

Observed provider present with two children in care. One household member present. Did not observe household member providing direct care to children in care. __ Provider showed copy of current first aid and cpr certificate of hands on training to licensing specialist.

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. Providers are required by statutes and regulations to be in compliance at all times.
- **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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		LEIDY A DIAZ (Printed Name)