




**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |   |                                |                          |                            |                          |                                   |                           |                   |
|-------------------------------------|---|--------------------------------|--------------------------|----------------------------|--------------------------|-----------------------------------|---------------------------|-------------------|
| <b>Provider</b>                     | <b>LEIDY A DIAZ</b>                                       |                                |                          |                            | <b>License Number</b>    | <b>DCFH.55614</b>                 | <b>Date of Inspection</b> | <b>06/18/2026</b> |
|                                     |   | <b>Expiration Date</b>         | <b>2/28/2027</b>         | <b>Time of Inspection</b>  | <b>11:10 AM</b>          |                                   |                           |                   |
| <b>Address</b>                      | <b>37 BAYVIEW AVE APT 1<br/>NORWALK<br/>CT 06854-2004</b> |                                |                          |                            | <b>Telephone</b>         | <b>(203) 286-6470</b>             | <b>Regular Capacity</b>   | <b>6</b>          |
|                                     |   | <b>Hours of Operation</b>      | <b>7:30 AM – 5:30 PM</b> | <b>School Age Capacity</b> | <b>3</b>                 |                                   |                           |                   |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>   |                                | <b>No?</b>               | <b>X</b>                   | <b>Days of Operation</b> | <b>Mon-Fri</b>                    | <b>Summer Hours</b>       | <b>Open</b>       |
| <b>New Address</b>                  |   | <b># Under 18 mths present</b> | <b>2</b>                 | <b>Weekend Hours</b>       | <b>No</b>                |                                   |                           |                   |
|                                     |   | <b>Total children present</b>  | <b>4</b>                 | <b>Night Hours</b>         | <b>No</b>                |                                   |                           |                   |
| <b>Type of Inspection</b>           | <b>Follow up heater cover</b>                             |                                |                          |                            | <b>Inspector's Name</b>  | <b>Alexandra Rodriguez</b>        |                           |                   |
| <b>Provider's Email</b>             | <b>bayviewdaycare@gmail.com</b>                           |                                |                          |                            | <b>Inspector's Email</b> | <b>alexandra.rodriguez@ct.gov</b> |                           |                   |

*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**

|   |                                       |
|---|---------------------------------------|
| <b>Statute and/or Regulation:</b> [-]           | <b>Description:</b> 000 No Violations |
| No violations were cited during this inspection |                                       |
| <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>                   |

|   |  |
|---|--|
| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <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>                                |
|   |  |
| <b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>               |  |
| <b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 10(a)] | <b>Description:</b> 004-Capacity                   |
|   |  |
| <b>Statute and/or Regulation:</b> [19a-87b-5(e)]              | <b>Description:</b> 006-Infant/Toddler Restriction |
|   |  |

|  |  |
|--|--|
| <b>Statute and/or Regulation:</b> [19a-87b-9(b)] | <b>Description:</b> 023-Freedom of Hazards |
|--|--|

The regulation regarding hazards was found to be in compliance during this visit. Observed a heat resistant cover nailed in front of heater. Provider stated she will not utilize heater during summer months and plans to install a gate for future use.

|                                   |                     |
|-----------------------------------|---------------------|
| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
|-----------------------------------|---------------------|

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

**DISCUSSIONS/COMMENTS**

**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.**

|   |                    |   |   |
|---|--------------------|---|---|
| <br>(Signature of OEC Representative) |                    | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Alexandra Rodriguez</b><br>(Printed Name)  | <br>(Printed Name) |   | <b>LEIDY A DIAZ</b><br>(Printed Name)   |