



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

| | | | | | | |
|------------------------------|---|----------------------------------|--------------------------|--------------------------------|----------------------------|------------|
| Provider | MICHELLE LUGO | | License Number | DCFH.55036 | Date of Inspection | 12/07/2023 |
| | | | Expiration Date | 3/31/2025 | Time of Inspection | 11:40 AM |
| Address | 190 QUINNIPIAC AVE NEW HAVEN CT 06513-4542 | | Telephone | (203) 278-1801 | Regular Capacity | 6 |
| | | | Days and Hours | MON- FRI 7:00AM. - 5:00 PM | School Age Capacity | 3 |
| # Children Present | 1 | # Under 18 months present | 0 | Summer Care | Open | |
| Purpose of Inspection | Follow up 9/21/2023 | | Name of Inspector | Silvana Carreon Zegarra | | |
| Provider's Email | michellemtl@aol.com | | Inspector's Email | silvana.carreon-zegarra@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

Violations

| Statute and/or Regulation | Description | Comments |
|---------------------------|--|--|
| [19a-87b-17] | 094- Policies and Procedures for Adm of Meds | Failed to develop written policies and procedures for administration of meds |

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Other Findings-In Compliance

| Statute and/or Regulation | Description | Comments |
|---------------------------|--------------------------------|---|
| [19a-87b-10(a)] | 004-Capacity | |
| [19a-87b-5(c)] | 005-Nontransferability | |
| [19a-87b-5(e)] | 006-Infant/Toddler Restriction | |
| [19a-87b-8a] | 021-Background Check | The provider created her account during the inspection and has access to her Roster |
| [19a-87b-9(d)(3)] | 028-Electrical Safety | |

| | | |
|--|---|--|
| [19a-87b-9(d)(7)] | 035-Carbon Monoxide Detector | |
| [19a-87b-9(m) and/or 19a-87b-9(n)] | 050-First Aid Supplies | |
| [19a-87b-17(a)(3)(A) and/or 19a-87b-17(a)(3)(B)] | 097-Nonprescription Topical Meds Stored/Labeled | |



YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

The provider was reminded that for 12/31/23 all children need Flu vaccines. Provider will create her policies for administration of medication.

Comments:

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) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: 12/21/2023 |  (Signature of Person in Charge) |
| Silvana Carreon Zegarra (Printed Name) | (Printed Name) | | (Printed Name) |