



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

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

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

| | | | | | | | |
|------------------------------|--|----------------------------------|---|--------------------------|--------------------------------|----------------------------|------------|
| Provider | LUZ VEGA | | | License Number | DCFH.55133 | Date of Inspection | 12/13/2023 |
| | | | | Expiration Date | 7/31/2025 | Time of Inspection | 02:00 PM |
| Address | 72 ARLINGTON STREET WEST HAVEN CT 06516 | | | Telephone | (203) 804-7570 | Regular Capacity | 6 |
| | | | | Days and Hours | MON-FRI 7:00 AM - 4:00 PM | School Age Capacity | 3 |
| # Children Present | 2 | # Under 18 months present | 0 | | | Summer Care | Open |
| Purpose of Inspection | Follow Up inspection 10/5/23 | | | Name of Inspector | Silvana Carreon Zegarra | | |
| Provider's Email | Luz.vega@outlook.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-8a] | 021-Background Check | Failed to maintain evidence of compliance due a household had a duplicate account. The provider and her household person have current background checks. |

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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(f)(2)] | 007-License Posted | |
| [19a-87b-5(g)] | 008-Access to OEC Phone Number | |
| [19a-87b-5(h)] | 009-Photo ID | |

| | | |
|----------------|------------------------------|--|
| [19a-87b-5(i)] | 010-Requests for Information | |
| [19a-87b-5(j)] | 011-Notification of Change | |
| [19a-87b-6(b)] | 013-Medical Statement | |

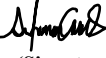

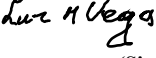
YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

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: 12/27/2023 |  (Signature of Person in Charge) |
| Silvana Carreon Zegarra (Printed Name) | (Printed Name) | | (Printed Name) |