



DIVISION OF LICENSING

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	LOURDES SANCHEZ			License Number	DCFH.51866	Date of Inspection	12/13/2023
				Expiration Date	6/30/2026	Time of Inspection	03:30 PM
Address	58 NORWELL ST WEST HAVEN CT 06516-1125			Telephone	(475) 800-5819	Regular Capacity	6
				Days and Hours	MON- FRI 7:00 AM-6:00 PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up 11/29/2023			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	Louxio58@gmail.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).

Loude Sanchez

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. Finger Print done, waiting results.

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Other Findings-In Compliance		
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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-5(f)(2)]	007-License Posted	
[19a-87b-10(c)(4)]	066-Flexible and Balanced Schedule	

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<u>YES/NO:</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

The provider will send the CAP when BCIS is cleared.
 Evidences was observed during visit.(# 14,15, 33, 66)

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)