



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 | DORA A NAVAS | | | License Number | DCFH.57362 | Date of Inspection | 12/15/2023 |
| | | | | Expiration Date | 8/31/2024 | Time of Inspection | 01:05 PM |
| Address | 60 MELOY RD WEST HAVEN CT 06516-3059 | | | Telephone | (203) 606-5221 | Regular Capacity | 6 |
| | | | | Days and Hours | MON-FRI 6:30AM-5:00PM | School Age Capacity | 3 |
| # Children Present | 5 | # Under 18 months present | 3 | | | Summer Care | Open |
| Purpose of Inspection | Follow up inspection 11/29/2023 | | | Name of Inspector | Silvana Carreon Zegarra | | |
| Provider's Email | caritasdeangeldaycare@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

| Statute and/or Regulation | Description | Comments |
|---------------------------|-------------------|---|
| [-] | 000 No Violations | No violations were cited during this inspection |

| | | |
|--|--|--|
| | | |
|--|--|--|

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-5(f)(2)] | 007-License Posted | |
| [19a-87b-9(b)] | 023-Freedom of Hazards | |

| | | |
|-----------------------|-------------------------------|--|
| [19a-87b-9(h)] | 046-Water Temperature | |
| [19a-87b-10(b)(1)] | 053-Enrollment Form | |
| [19a-87b-10(b)(3)(B)] | 056-Emergency Permission Form | |



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

Discussions:

All violations during in visit 11/29/2023 are in compliance.

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) | | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Silvana Carreon Zegarra (Printed Name) | | | |