



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	LETICIA REINA-OBREGON		<b>License Number</b>	DCFH.56349	<b>Date of Inspection</b>	12/20/2023
			<b>Expiration Date</b>	9/30/2025	<b>Time of Inspection</b>	11:27 AM
<b>Address</b>	17 WOLCOTT HILL RD WETHERSFIELD CT 06109-1156		<b>Telephone</b>	(860) 436-1473	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	Monday- Friday 7:30AM-5:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	3 month Partial inspection for safe sleep violation previously cited during full inspection on 9/14/23			<b>Name of Inspector</b>	Melina Perez	
<b>Provider's Email</b>	leticia.reina@yahoo.com			<b>Inspector's Email</b>	melina.perez@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

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**Other Findings-In Compliance**

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	

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<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Purpose of today's visit was to conduct a partial inspection as a result of the safe sleep violation that was cited during the provider's full inspection on 9/14/23. Provider was observed to be in compliance during today's partial inspection as she is still utilizing a tight fitted sheet on the pack n play mattress where an infant is napped.

**Comments:**

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**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Melina Perez (Printed Name)	Melina Perez (Printed Name)		LETICIA REINA-OBREGON (Printed Name)