



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	SUSANNY MEDINA VERAS			License Number	DCFH	Date of Inspection	01/02/2024
				Expiration Date		Time of Inspection	09:00 AM
Address	66 BIRUTA ST NEW BRITAIN CT 06053-2806			Telephone	(860) 924-9570	Regular Capacity	6
				Days and Hours	M-F 7AM-4:30PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up to initial inspection.			Name of Inspector	Eileen Ruiz		
Provider's Email	Susannyv@gmail.com			Inspector's Email	eileen.ruiz@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).

Susanny Medina Veras

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-8a]	021-Background Check	Background check is CURR.
[19a-87b-9(b)]	023-Freedom of Hazards	All Items removed.
[19a-87b-9(d)(2)]	027-Safe Door Fasteners	Key is now available for the bathroom door.

[19a-87b-9(d)(8)]	036-Fire Extinguisher	Extinguisher measures 5lbs. ABC.
[19a-87b-9(f)(1)]	039-Safe Space-Sufficient	Barrier is available in back yard.
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Mask is now in kit.

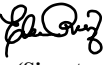

YES/NO: No **WERE VIOLATIONS CITED DURING THIS VISIT?**

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:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		SUSANNY MEDINA VERAS (Printed Name)