



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

<b>Provider</b>	ELIZABETH LEON		<b>License Number</b>	DCFH.55151	<b>Date of Inspection</b>	01/12/2024
			<b>Expiration Date</b>	7/31/2026	<b>Time of Inspection</b>	01:00 PM
<b>Address</b>	59 MAIN STREET 1 FIRST FLOOR NEW HAVEN CT 06513		<b>Telephone</b>	(203) 776-6587	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MON- FRI 6:30AM-5:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	1	<b># Under 18 months present</b>	0	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up inspection 12/13/23			<b>Name of Inspector</b>	Silvana Carreon Zegarra	
<b>Provider's Email</b>	roggienoel@sbcglobal.net			<b>Inspector's Email</b>	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

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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-5(f)(2)]	007-License Posted	
[19a-87b-8a]	021-Background Check	
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	

[19a-87b-10(c)(5)]	068-Proper Rest Provisions/Safe Cribs	
[19a-87b-17]	094- Policies and Procedures for Adm of Meds	

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



**Discussions:**

Regulations #21, 40, 68, and 94 are in Compliance.

**Comments:**

The provider will use OEC's administration of medication policy.

**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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		ELIZABETH LEON (Printed Name)