



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	LORENA MEDINA		<b>License Number</b>	DCFH.57612	<b>Date of Inspection</b>	04/16/2024
			<b>Expiration Date</b>	2/28/2026	<b>Time of Inspection</b>	12:50 PM
<b>Address</b>	83 HUNTINGTON RD NEW HAVEN CT 06512-2661		<b>Telephone</b>	(203) 710-1313	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	Mon-Fri 7:00am-5:30pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	7	<b># Under 18 months present</b>	1		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Capacity Follow Up inspection 4/5/2024		<b>Name of Inspector</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	narelomedina@gmail.com		<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).

*(Handwritten Signature)*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

### Violations

Statute and/or Regulation	Description	Comments

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<b>Other Findings-In Compliance</b>		
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<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>

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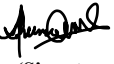


**Discussions:**

The specialist observed the provider and an approved substitute caring six preschoolers and one infant. Capacity is in compliance during the visit.

**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)
Silvana Carreon Zegarra (Printed Name)			LORENA MEDINA (Printed Name)