



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YRENE M LUNA		License Number	DCFH.56981	Date of Inspection	05/14/2024
			Expiration Date	10/31/2025	Time of Inspection	09:30 AM
Address	36 LINDA DR BRIDGEPORT CT 06606-1315		Telephone	(347) 751-9009	Regular Capacity	6
			Days and Hours	MON - FRI 7:00 AM-5:00 PM	School Age Capacity	3
# Children Present	9	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow up to insp		Name of Inspector	Rebecca LaRosa		
Provider's Email	lunayrene@yahoo.com		Inspector's Email	rebecca.larosa@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).

luna luna

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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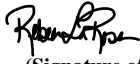

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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Rebecca LaRosa (Printed Name)			YRENE M LUNA (Printed Name)