



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CLAUDIA P TORRES		License Number	DCFH.56976	Date of Inspection	05/29/2024
			Expiration Date	10/31/2025	Time of Inspection	09:11 AM
Address	9 WHITNEY LN WEST HAVEN CT 06516-2957		Telephone	(203) 824-2510	Regular Capacity	6
			Days and Hours	MON- FRI 7:00AM-5:00PM AVAILABLE SAT/SUN	School Age Capacity	3
# Children Present	9	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Follow Up Safe Sleep		Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	cpatriciati@gmail.com		Inspector's Email	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

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: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Two infants were present at the moment of the inspection. One child was playing on the floor; the other child was breastfeeding. The crib and playpen were clear of objects.

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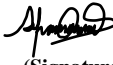


Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Two substitute were present at the moment of the inspection #92120 and #91182. Safe Sleep in compliance.

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)		CLAUDIA P TORRES (Printed Name)