



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	MICHELLE LUGO			<b>License Number</b>	DCFH.55036	<b>Date of Inspection</b>	07/23/2024
				<b>Expiration Date</b>	3/31/2025	<b>Time of Inspection</b>	11:39 AM
<b>Address</b>	190 QUINNIPIAC AVE NEW HAVEN CT 06513-4542			<b>Telephone</b>	(203) 410-9387	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MON- FRI 7:00AM. - 5:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow Up Safe Sleep			<b>Name of Inspector</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	michellemtl@aol.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).

*Michelle Lugo*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	<b>Description:</b> 074-Crib or other Provision Free from Observable Hazards
--	--

Observed a playpen clear of objects.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

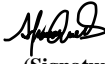
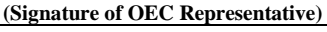
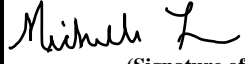
<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

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

**DISCUSSIONS/COMMENTS**

Safe Sleep in compliance, infant was awake and the playpen according regulations.

**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)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)		<b>MICHELLE LUGO</b> (Printed Name)