



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MARIA A CHACON AREVALO		<b>License Number</b>	DCFH.57930	<b>Date of Inspection</b>	10/03/2024
			<b>Expiration Date</b>	11/30/2027	<b>Time of Inspection</b>	12:13 PM
<b>Address</b>	39 ROCK HILL RD NEW HAVEN CT 06513-4051		<b>Telephone</b>	(475) 372-2056	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	Monday - Friday 6:30 AM -6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	3	<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>	achacon9128@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).

*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>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
Observed the crib with a tied blanket. The infant was awake during the visit playing on the floor.	

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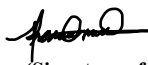

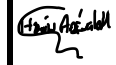
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

No violation found.  
 An approved OEC substitute was present during the visit supporting the provider.

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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)		MARIA A CHACON AREVALO (Printed Name)