



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	JULIA SOLIS			<b>License Number</b>	DCFH.57950	<b>Date of Inspection</b>	12/03/2024
				<b>Expiration Date</b>	1/31/2028	<b>Time of Inspection</b>	12:06 PM
<b>Address</b>	157 FARREN AVE NEW HAVEN CT 06513-4528			<b>Telephone</b>	(203) 508-0461	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday-Friday 6:00AM - 6:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up Corrective Action Plan			<b>Name of Inspector</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	santi.sx98@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>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 032-Emergency Plan
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(1)]	<b>Description:</b> 053-Enrollment Form

Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
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Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	Description: 055-Immunizations
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Statute and/or Regulation: [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
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Statute and/or Regulation: [19a-87b-10(b)(3)(A)]	Description: 057-Authorized Release
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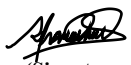

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

No violations founds during the follow up inspection.

**IMPORTANT NOTES**

- o 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.
- o 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.
- o 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)		JULIA SOLIS (Printed Name)