



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	LOURDES SANCHEZ			<b>License Number</b>	DCFH.51866	<b>Date of Inspection</b>	12/10/2024
				<b>Expiration Date</b>	6/30/2026	<b>Time of Inspection</b>	09:14 AM
<b>Address</b>	58 NORWELL ST WEST HAVEN CT 06516-1125			<b>Telephone</b>	(475) 800-5819	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MON- FRI 7:00 AM-6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	1	<b># Under 18 months present</b>	0			<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>	Lourdess0529@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).

*LOURDES SANCHEZ*

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-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(j)]	<b>Description:</b> 011-Notification of Change

Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
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Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-9(d)(7)]	Description: 035-Carbon Monoxide Detector
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

The numbers 11, 21, 35, 53, 54, 55, 56, 57, 58,60 and 94 regulations are in compliance.  
Pending evidence for # 17 Medical Statement and #51 Pet Protection (Rabies certificate)

**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)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)		<b>LOURDES SANCHEZ</b> (Printed Name)