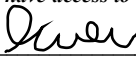




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LUSELYS M TINEO			License Number	DCFH.57785	Date of Inspection	12/31/2024
				Expiration Date	2/28/2027	Time of Inspection	12:56 PM
Address	327 LENOX AVE BRIDGEPORT CT 06605-1632			Telephone	(203) 923-7513	Regular Capacity	6
				Days and Hours	M-F 7A-6P	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow Up on Safe Sleep			Name of Inspector	Candy Vargas		
Provider's Email	Luselismejia579@gmail.com			Inspector's Email	candy.vargas@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:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

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



<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

No children observed in the program, other than the provider's own children. Unable to observe Safe sleep regulations.

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)
Candy Vargas (Printed Name)	 (Printed Name)		LUSELYS M TINEO (Printed Name)