




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	VIRGINIA MEDINA				License Number	DCFH.54785	Date of Inspection	03/26/2026
					Expiration Date	5/31/2030	Time of Inspection	02:04 PM
Address	134 BONNER ST HARTFORD CT 06106-3515				Telephone	(959) 221-9401	Regular Capacity	6
					Hours of Operation	6:00 AM – 7:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	1	Night Hours	No
Type of Inspection	Follow-up for playground snow covered				Inspector's Name	Jenny Ferreira		
Provider's Email	navarrete_vm@hotmail.com				Inspector's Email	jenny.ferreira@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:
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Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
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:



Statute and/or Regulation:	Description:

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

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. Providers are required by statutes and regulations to be in compliance at all times.*
- *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 Provider/Substitute/Applicant)
Jenny Ferreira (Printed Name)	 (Printed Name)		VIRGINIA MEDINA (Printed Name)