




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JESSICA M NASER				License Number	DCFH.56200	Date of Inspection	03/27/2026
					Expiration Date	9/30/2028	Time of Inspection	11:53 AM
Address	16 SORENSON RD WEST HAVEN CT 06516-4846				Telephone	(203) 435-1759	Regular Capacity	6
					Hours of Operation	7:30 AM – 4:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	Follow-Up inspection on 2/19/2026 for Outdoor Space				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	jessd719@yahoo.com				Inspector's Email	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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-9(f)(1-2)]	Description: 039-Indoor/Outdoor Space-Safe and Sufficient
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

No violations were found during the visit. Discussion Sand box

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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Silvana Carreon Zegarra (Printed Name)	(Printed Name)		JESSICA M NASER (Printed Name)