



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LOYDA E SOTO				License Number	DCFH.56342	Date of Inspection	05/12/2026
					Expiration Date	8/31/2029	Time of Inspection	10:11 AM
Address	199 NORFOLK STREET WEST HAVEN CT 06516-3364				Telephone	(203) 640-8495	Regular Capacity	6
					Hours of Operation	5:00 AM – 9:30 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	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	Second Day of Full inspection conducted on 5/5/2026weweew				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	LOYDA08@LIVE.COMwww				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-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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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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WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
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DISCUSSIONS/COMMENTS

This inspection has monitored the regulations that were not monitored in the previous full inspection on May 5, 2026. Discussion: Individual Plan for Care. Written plan signed by parents, provider, and staff. For medical conditions: signed by doctor, parent, provider, and staff.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		LOYDA E SOTO (Printed Name)