

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Madeline Delgado Date: 10/4/23 Time: 1:40pm  
Location Address: 11 Macaulay ave. Waterbury Telephone #: 203.565.9194  
e-mail address: dmadeline6982@yahoo.com License #: pending Expiration Date: —  
Capacity: 6+3 # of Children Present: — # of Staff Present: 1

**Consent to Inspect Family Child Care Home** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: Madeline Delgado

Purpose of visit: Initial Follow up - (outdoor space)

Observations/Corrections needed:

- No violations found at time of visit. -

S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
Print Name: Amish Lopez  
Signature: [Signature]  
Print Name: Madeline Delgado  
(Person in Charge)