



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	EVELYN L MAJANO-MONTIEL		License Number	DCFH.56725	Date of Inspection	01/29/2024
			Expiration Date	12/31/2027	Time of Inspection	01:13 PM
Address	24 BUTLER AVE BRIDGEPORT CT 06605-1945		Telephone	(475) 312-8688	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 7:30AM-4:30PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up supervision		Name of Inspector	Eileen Ruiz		
Provider's Email	el_majano@yahoo.com		Inspector's Email	eileen.ruiz@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(i)]	081-Supervision-At All Times, Indoors/Outdoors	At visit the child was with a staff in the same room as all the other children.

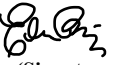
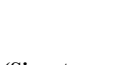
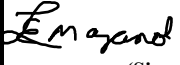
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: 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)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)		EVELYN L MAJANO-MONTIEL (Printed Name)