



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DARLENY MORAN			License Number	DCFH	Date of Inspection	02/27/2024
				Expiration Date		Time of Inspection	12:44 PM
Address	118 GAIL DR WATERBURY CT 06704-2200			Telephone	(646) 730-9967	Regular Capacity	6
				Days and Hours	6am-10pm	School Age Capacity	3
# Children Present	1	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up pool barrier			Name of Inspector	Alexandra Rodriguez		
Provider's Email	Darlenydetineo@gmail.com			Inspector's Email	alexandra.rodriguez@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-9(b)]	023-Freedom of Hazards	
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	

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

Observed locked gate with key ensuring children do not have access to pool. Observed fence around drop near basement window protecting children from falling.
 Provider's 3 year old son was present during inspection.

Comments:

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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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		DARLENY MORAN (Printed Name)