Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	TINA MADER			**License Number**	DCFH.56243	**Date of Inspection**	04/24/2024
				Expiration Date	1/31/2025	**Time of Inspection**	01:47 PM
Address	275 KIMBERLY LN WATERTOWN CT 06795-3154			**Telephone**	(408) 888-8987	**Regular Capacity**	6
				Days and Hours	7:00- 5:30 MONDAY - FRIDAY	**School Age Capacity**	3
# Children Present	6	**# Under 18 months present**	1			**Summer Care**	Open
Purpose of Inspection	Follow up : Safe Sleep, crib			**Name of Inspector**	Alexandra Rodriguez		
Provider's Email	maderfamily2@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).*

Tina Mader

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

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

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-10(c)(5)]	068-Proper Rest Provisions/Safe Cribs	Observed same crib from prior inspection, observed manufacturer dated stating May 2012.

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

Discussions:

Discussed with provider addendum will be sent via email removing violation regarding manufacturer date on one crib in daycare. During prior inspection, error was made when observing manufacturer date on crib, licensing specialist read copyright date. Provider in compliance.

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:**	Tina Mader **(Signature of Person in Charge)**
Alexandra Rodriguez **(Printed Name)**	**(Printed Name)**		TINA MADER **(Printed Name)**