



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MADELINE DELGADO			License Number	DCFH.57910	Date of Inspection	08/27/2024
				Expiration Date	10/31/2027	Time of Inspection	10:55 AM
Address	11 MACAULEY AVE WATERBURY CT 06705-1539			Telephone	(203) 565-9194	Regular Capacity	6
				Days and Hours	Monday- Saturday 6am-6pm	School Age Capacity	3
# Children Present	3	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Full follow up			Name of Inspector	Janarish Lopez		
Provider's Email	dmadeline6982@yahoo.com			Inspector's Email	janarish.lopez@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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
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Statute and/or Regulation: [19a-87b-9(o)]	Description: 051-Pets
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

No violations observed at the time of visit.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		MADELINE DELGADO (Printed Name)