



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	PAOLA M DELGADO GOMEZ			<b>License Number</b>	<b>DCFH</b>	<b>Date of Inspection</b>	09/09/2024
				<b>Expiration Date</b>		<b>Time of Inspection</b>	01:16 PM
<b>Address</b>	1912 STATE ST HAMDEN CT 06517-3818			<b>Telephone</b>	(203) 923-0539	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday-Saturday 5:30AM-7:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow-Up for Violations Cited During Initial Inspection			<b>Name of Inspector</b>	Melina Perez		
<b>Provider's Email</b>	paolamarii199@gmail.com			<b>Inspector's Email</b>	melina.perez@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).*

*Paola Delgado*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(4)(D)]	<b>Description:</b> 031-Stairways: Protected/Handrails
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Compliance was observed during today's follow-up visit when an additional lock was observed to have been installed on the basement door leading directly to the stairs.

<b>Statute and/or Regulation:</b> [19a-87b-9(h)]	<b>Description:</b> 046-Water Temperature
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Compliance was observed during today's follow-up visit when the water temperature was observed to be 110.5 degrees.

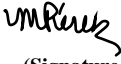
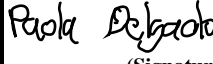
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

**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 Person in Charge)	<b>DATE CORRECTIONS DUE BY:</b>	
<b>Melina Perez</b> (Printed Name)			<b>PAOLA M DELGADO GOMEZ</b> (Printed Name)