

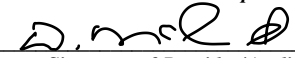


DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DELPHINE O MCDONALD				License Number	DCFH.58257	Date of Inspection	01/09/2026
					Expiration Date	9/30/2029	Time of Inspection	02:57 PM
Address	208 PLATT AVE WEST HAVEN CT 06516-5628				Telephone	(203) 214-4591	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	1	Night Hours	No
Type of Inspection	Follow Up inspection 12/5/25 Corrective Action Plan				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	DSpringbreeze@yahoo.com				Inspector's Email	silvana.carreon-zegarra@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-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e) and/or (10)a)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(b)]	Description: 013-Medical Statement
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The OEC representative observed provider's medical records in her file

Statute and/or Regulation: [19a-87b-17]	Description: 094- Policies and Procedures for Adm of Meds
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The provider will implement the OEC Administration of Medication Policy.

Statute and/or Regulation: [19a-87b-17(b)(1) and/or 19a-87b-17(b)(2)]	Description: 099-Documented Med Trained Staff
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1/82026 took the training, pending certificate

Statute and/or Regulation: [19a-87b-17(b)(3)]	Description: 100-Written Authorized Prescriber/Parent Permission
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The OEC representative observed the written authorization form signed by the parents



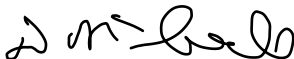
WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

The provider stated that she completed Administration of Medication Training 1/8/2026, she did not receive her certificate yet. Child's mMedical and immunization records are pending.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		DELPHINE O MCDONALD (Printed Name)