

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: James Gonzalez Date: 11/20/23 Time: 11 AM

Location Address: 104 W Worcester St. Danbury, CT 06810 Telephone #: 203.512.7364

e-mail address: littleheroesdaycare2018@gmail.com license #: 57195 Expiration Date: 5/31/27

Capacity: 6<sup>+3</sup> # of Children Present: 3 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i> 
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Purpose of visit: Follow up From Full Background checks


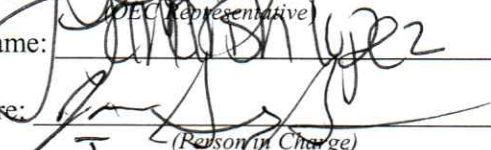
Observations/Corrections needed:

21. Providers and household members don't have current Background checks completed, Provider is caring for kids

S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/20/23

Signature:   
Print Name: OEC Representative  
Signature:   
Print Name: James Gonzalez  
(Person in Charge)