



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DENISE GASTON		License Number	DCFH.53182	Date of Inspection	01/26/2024
			Expiration Date	11/30/2025	Time of Inspection	09:30 AM
Address	103 WALEK FARMS RD MANCHESTER CT 06040-7091		Telephone	(860) 533-8418	Regular Capacity	6
			Days and Hours	MONDAY THROUGH FRIDAY 7:30 TO 5:00 P.M.	School Age Capacity	3
# Children Present	2	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up to check capacity .		Name of Inspector	Jannie Thornton		
Provider's Email	deesgarden2020@gmail.com		Inspector's Email	jannie.thornton@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

Violations

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

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	In compliance with her capacity.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	In compliance with her Infant/Toddler capacity.

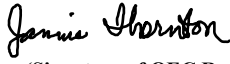


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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

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 OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Jannie Thornton (Printed Name)	 (Printed Name)		DENISE GASTON (Printed Name)