



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	CINTHIA GALINDO			License Number	DCFH.57333	Date of Inspection	02/14/2024
				Expiration Date	3/31/2028	Time of Inspection	01:45 PM
Address	74 PURCELL DR DANBURY CT 06810-7025			Telephone	(203) 501-5782	Regular Capacity	6
				Days and Hours	6:00AM UNTIL 6:00PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care		Open	
Purpose of Inspection	2nd Follow-up for gate denying access to water not measuring at least 48 inches high observed at			Name of Inspector	Patty Tyburski		
Provider's Email	lemuscnt90@gmail.com			Inspector's Email	patricia.tyburski@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		
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Statute and/or Regulation	Description	Comments
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	




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<u>YES/NO:</u> 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)
Patty Tyburski (Printed Name)	(Printed Name)		CINTHIA GALINDO (Printed Name)