



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SANDRA I PEREZ-MILLAN		License Number	DCFH.52071	Date of Inspection	05/23/2024
			Expiration Date	10/31/2024	Time of Inspection	12:13 PM
Address	183 WINTHROP ST FL 1 NEW BRITAIN CT 06052-1732		Telephone	(860) 518-1036	Regular Capacity	6
			Days and Hours	SUN.-SAT. 24 HOURS	School Age Capacity	3
# Children Present	4	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Day 2 inspection		Name of Inspector	Eileen Ruiz		
Provider's Email	elparaisodaycare@gmail.com		Inspector's Email	eileen.ruiz@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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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Statute and/or Regulation: [19a-87b-8(c)]	Description: 020-Emergency Caregiver
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Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]	Description: 050-First Aid Supplies
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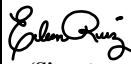

Statute and/or Regulation: [19a-87b-10(b)(5)]	Description: 061-Confidentiality
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

First aid burn creams or antibiotic ointments are not to be used with children, we understand many first aid aid kits bring them by manufacturers standards. They can be used for personal use.

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)
Eileen Ruiz (Printed Name)	 (Printed Name)		SANDRA I PEREZ-MILLAN (Printed Name)