



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	DENISE GASTON			<b>License Number</b>	DCFH.53182	<b>Date of Inspection</b>	05/23/2024
				<b>Expiration Date</b>	11/30/2025	<b>Time of Inspection</b>	02:02 PM
<b>Address</b>	103 WALEK FARMS RD MANCHESTER CT 06040-7091			<b>Telephone</b>	(860) 533-8418	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY THROUGH FRIDAY 7:30 TO 5:00 P.M.	<b>School Age Capacity</b>	3
<b># Children Present</b>	2	<b># Under 18 months present</b>	2			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to the last inspection			<b>Name of Inspector</b>	Jannie Thornton		
<b>Provider's Email</b>	deesgarden2020@gmail.com			<b>Inspector's Email</b>	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).

*Denise Gaston*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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Capacity is in compliance today, only 2 children present. Unable to complete the inspection today, will return another to complete inspection.

**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.

<i>Jannie Thornton</i> (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	<i>Denise Gaston</i> (Signature of Person in Charge)
Jannie Thornton (Printed Name)	(Printed Name)		DENISE GASTON (Printed Name)