



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

Provider	GLORIA GONZALEZ PARRA				License Number	DCFH.57897	Date of Inspection	07/31/2024
					Expiration Date	9/30/2027	Time of Inspection	02:05 PM
Address	11 DR AARON B SAMUELS BLVD DANBURY CT 06810-2756				Telephone	(203) 313-8944	Regular Capacity	6
					Days and Hours	Monday- Saturday 5:30am-10pm	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	2	# of Total Children Present	7	Inspector's Name	Janarish Lopez		
Provider's Email	gloriat6775@gmail.com				Inspector's Email	janarish.lopez@ct.gov		
Key: Compliant = X Non-Compliant = O	<i>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).</i>							
	<i>Signature of Provider/Substitute/Applicant</i>							

### TERMS OF REGISTRATION 19a-87b-5

O	4. Capacity	Failed to maintain licensed capacity, observed 7 children in care with only one licensed staff	
X	5. Non-transferability of license	Pending?	
X	6. Infant/Toddler Restriction		
X	7. License Posted		
X	8. Parent Access to OEC Phone Number		
X	9. Photo ID		
X	10. Requests for Information		
X	11. Notification of Change		

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	10/08/2025
X	14. First Aid Certificate	
	Expiration date:	12/10/2024

<b>X</b>	15. CPR Certificate		
	Expiration date: 12/10/2024		
<b>O</b>	16. Judgment	Program knowingly made a false or misleading statement.when asked how many children there were in the child care program the provider said 6, but when the children were counted there were 7 children.Per provider she knows she's can only have 6 children but the 7th child is only a drop in, so	
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<b>X</b>	17. Medical Statement		
<b>X</b>	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<b>X</b>	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<b>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
	30. Basement Supervision	Y/N Y	
	Used for Care ?	Y/N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	32. Emergency Plan		

<b>O</b>	33. Emergency Evacuation Drills - Quarterly/Log	<b>Failed to practice quarterly emergency evacuation drills and maintain a written log of the practices drills</b>	
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: N	
<b>X</b>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
	53. Enrollment Form		

	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
○	71. Infant Care, Indiv Attention, Held for Bottle Feedings	Failed to hold an infant for bottle feedings observed the provider placing infant down to drink bottle on its own.
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<b>X</b>	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X

93. Access-  
Immediate, Entire  
or Part of Facility  
and Records

Are Medications Administered? **N**

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

94. Policies and  
Procedures for  
Admin of Meds

95. Parent  
Permission for  
Nonprescription  
Topical Meds

96. Notification -  
Documentation of  
Med Error(s)

97.  
Nonprescription  
Topical Meds-  
Stored/Labeled

98. Unused -  
Expired  
Nonprescription  
Meds

99. Documented  
Medication  
Trained Staff

100. Written Auth  
Prescriber/Parent  
Permission

101. MAR  
Maintained

102. Prescription  
Meds -  
Stored/Labeled

103.  
Unused/Expired  
Prescription Meds

104. Emergency  
Meds- Equip.  
Labeled/Current

105. Self-Admin.  
Of Meds

106. Petition for  
Special Medication  
Authorization

Child with diabetes enrolled? **N**

### MONITORING OF DIABETES 19a-87b-18

108. Policies for  
Finger Stick Blood  
Glucose Testing

109. Finger Stick  
Blood Glucose  
Testing - Staff  
Trained

110. Self Admin of  
Finger Stick Blood  
Glucose Testing

111. Testing  
Equip. & Supplies-  
Maintain, Labeled,  
Locked, Disposed

112. Finger Stick  
Blood Glucose  
Testing Records

	113. Parent Notification of Test Results	
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**ADDITIONAL VIOLATIONS**

<b>X</b>	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed: what cleaning supplies to use after diaper changing.  
 2nd day of the inspection will be completed.

**NOTE:** Any 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- PLEASE NOTE:** 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 Provider/Applicant/Substitute)
<b>Janarish Lopez</b> (Printed Name)	(Printed Name)	<b>08/14/2024</b>	<b>GLORIA GONZALEZ PARRA</b> (Printed Name)