



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	GLORIA GONZALEZ PARRA		<b>License Number</b>	DCFH.57897	<b>Date of Inspection</b>	08/13/2024
			<b>Expiration Date</b>	9/30/2027	<b>Time of Inspection</b>	09:29 AM
<b>Address</b>	11 DR AARON B SAMUELS BLVD DANBURY CT 06810-2756		<b>Telephone</b>	(203) 313-8944	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	Monday- Saturday 5:30am-10pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	4	<b># Under 18 months present</b>	1	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up		<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	gloriat6775@gmail.com		<b>Inspector's Email</b>	janarish.lopez@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

<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(c)]	<b>Description:</b> 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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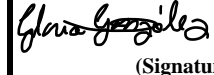
Statute and/or Regulation:	Description:
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<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed supervision indoor and outdoor along with having a system to ensure complete and current documents the children in the daycare

**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)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>GLORIA GONZALEZ PARRA</b> (Printed Name)