



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |   |                                  |   |                          |                              |                            |            |
|------------------------------|---|----------------------------------|---|--------------------------|------------------------------|----------------------------|------------|
| <b>Provider</b>              | GLORIA GONZALEZ PARRA                               |                                  |   | <b>License Number</b>    | DCFH.57897                   | <b>Date of Inspection</b>  | 09/04/2024 |
|                              |   |                                  |   | <b>Expiration Date</b>   | 9/30/2027                    | <b>Time of Inspection</b>  | 11:50 AM   |
| <b>Address</b>               | 11 DR AARON B SAMUELS BLVD<br>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).

*Gloria Gonzalez*

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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|   |   |
|---|---|
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| Statute and/or Regulation:                      | Description:                                |
|   |   |
| <b>Other Findings-Regulations In Compliance</b> |   |
| Statute and/or Regulation: [19a-87b-10(a)]      | Description: 004-Capacity                   |
|   |   |
| Statute and/or Regulation: [19a-87b-5(e)]       | Description: 006-Infant/Toddler Restriction |
|   |   |

|  |   |
|--|---|
| <b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)] | <b>Description:</b> 054-Child Health Record |
|--|---|

|   |                                       |
|---|---------------------------------------|
| <b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)] | <b>Description:</b> 055-Immunizations |
|---|---------------------------------------|

|   |   |
|---|---|
| <b>Statute and/or Regulation:</b> [19a-87b-10(b)(3)(B)] | <b>Description:</b> 056-Emergency Permission Form |
|---|---|

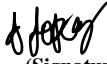
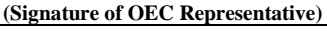

|   |  |
|---|--|
| <b>Statute and/or Regulation:</b> [19a-87b-10(b)(3)(A)] | <b>Description:</b> 057-Authorized Release |
|---|--|

|                   |   |
|-------------------|---|
| <b>YES/NO:</b> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|---|

**DISCUSSIONS/COMMENTS**

*(This area is intentionally left blank for handwritten notes and discussions.)*

**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.

|   |  |                                 |  |
|---|--|---------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Person in Charge) |
| <b>Janarish Lopez</b><br>(Printed Name)   | <br>(Printed Name)   |                                 | <b>GLORIA GONZALEZ PARRA</b><br>(Printed Name)   |