



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NANCY B DISBROW			License Number	DCFH.56178	Date of Inspection	12/04/2024
				Expiration Date	12/31/2027	Time of Inspection	09:21 AM
Address	14 MIDDLE RD SOUTHURY CT 06488-8707			Telephone	(203) 264-1961	Regular Capacity	6
				Days and Hours	8:30 - 2:30 Monday - Friday	School Age Capacity	0
# Children Present	4	# Under 18 months present	0			Summer Care	Closed
Purpose of Inspection	Follow up to check unapproved staff.			Name of Inspector	Jannie Thornton		
Provider's Email	ggnancy@outlook.com			Inspector's Email	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).

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(c)]	Description: 005-Nontransferability

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	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
Only 4 children present today.			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater. - 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 <u>MAY NOT OPERATE</u> 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)
Jannie Thornton (Printed Name)	 (Printed Name)		NANCY B DISBROW (Printed Name)