



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	BERNARDITA DELOURDES CASTRO AZUERO			<b>License Number</b>	DCFH.57804	<b>Date of Inspection</b>	07/09/2024
				<b>Expiration Date</b>	3/31/2027	<b>Time of Inspection</b>	11:43 AM
<b>Address</b>	166 WESTVILLE AVENUE EXT DANBURY CT 06811-4417			<b>Telephone</b>	(203) 942-5527	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday- Friday 6am-6pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	7	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Partial: supervision, capacity & infant bottle feeding			<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	Bernardacastro757@yahoo.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>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant
---	--

<b>Statute and/or Regulation:</b> [19a-87b-10(e)]	<b>Description:</b> 071-Infant Care: Individual Attention/Held for Bottle Feedings
---	--

<b>Statute and/or Regulation:</b> [19a-87b-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors
---	--



<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

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

**DISCUSSIONS/COMMENTS**

Dcfs: 92185

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>BERNARDITA DELOURDES CASTRO AZUERO</b> (Printed Name)