



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SUANY E CASTILLO RIVERA			License Number	DCFH.57719	Date of Inspection	08/15/2024
				Expiration Date	9/30/2026	Time of Inspection	09:04 AM
Address	739 WOOD AVE BRIDGEPORT CT 06604-2124			Telephone	(203) 414-6535	Regular Capacity	6
				Days and Hours	M-F 6:00 A.M. - 9:30 P.M.	School Age Capacity	3
# Children Present	8	# Under 18 months present	3			Summer Care	Open
Purpose of Inspection	Follow up on infant bottle feeding			Name of Inspector	Candy Vargas		
Provider's Email	suany495@gmail.com			Inspector's Email	candy.vargas@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).

Suany Castillo

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation:	[19a-87b-9(c)]	Description:	024-Harmful Substances and Materials Inaccessible
Failed to ensure harmful substances and materials are inaccessible to children when cleaning supplies were observed in an unlocked cabinet in the bathroom used by the day care children, and a can of roofing sealer was observed on the floor near the second means of egress.			
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(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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Statute and/or Regulation: [19a-87b-10(e)]	Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings
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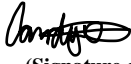

Statute and/or Regulation:	Description:
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YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Infant bottle feeding observed to be in compliance. First Aid/CPR certification updated at the time of inspection.

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: 08/29/2024	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	 (Printed Name)		SUANY E CASTILLO RIVERA (Printed Name)