



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DAYHANNYS E CASTILLO		License Number	DCFH.57236	Date of Inspection	08/21/2024
			Expiration Date	7/31/2027	Time of Inspection	09:07 AM
Address	18 HALLOCK ST		Telephone	(646) 606-6562	Regular Capacity	6
	WATERBURY	CT 06706-2508	Days and Hours	Mon- Fri 6 am- 9:50 pm	School Age Capacity	3
# Children Present	5	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Follow up- capacity		Name of Inspector	Janarish Lopez		
Provider's Email	Dayhannys23@gmail.com		Inspector's Email	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

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(e)]	Description: 006-Infant/Toddler Restriction

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

Provider is within infant capacity at the time of the isit.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		DAYHANNYS E CASTILLO (Printed Name)