



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANDREA CASTILLO			License Number	DCFH.52901	Date of Inspection	10/25/2024
				Expiration Date	1/31/2025	Time of Inspection	07:19 AM
Address	175 BROWN ST FL 1 HARTFORD CT 06114-2906			Telephone	(860) 296-1910	Regular Capacity	6
				Days and Hours	M - F 6:30 AM - 2:30 AM	School Age Capacity	3
# Children Present	3	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Follow Up for Access			Name of Inspector	Jenny Ferreira		
Provider's Email	marlenny_c@yahoo.com			Inspector's Email	jenny.ferreira@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-13]	Description: 093-Access
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:



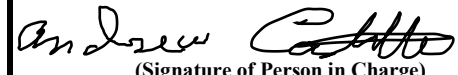
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed one room occupied in the basement. Second room empty as tenant moved out as stated on the Notification of Change.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances 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 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)
Jenny Ferreira (Printed Name)	 (Printed Name)		ANDREA CASTILLO (Printed Name)