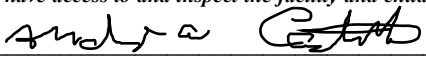




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANDREA CASTILLO			License Number	DCFH.52901	Date of Inspection	01/28/2025
				Expiration Date	1/31/2029	Time of Inspection	08:30 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	2	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Three Months Partial 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:
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:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
Medical statement for household members in compliance.	
Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
All household members are current with BCIS.	

Statute and/or Regulation: [19a-87b-13]	Description: 093-Access
--	--------------------------------

OEC specialist granted with immediate access to the program's area and basement.

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------




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

DISCUSSIONS/COMMENTS

Violations previously cited in compliance with OEC regulations.

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)