



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YOLANDA OTANEZ			License Number	DCFH.57232	Date of Inspection	01/29/2025
				Expiration Date	7/31/2027	Time of Inspection	11:06 AM
Address	437 SYLVAN AVE WATERBURY CT 06706-1841			Telephone	(718) 696-7926	Regular Capacity	6
				Days and Hours	Monday - Saturday 5:00AM-10:00PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Announced TA request by provider for BCIS Assistance			Name of Inspector	Alexandra Rodriguez		
Provider's Email	castilloyoly32@gmail.com			Inspector's Email	alexandra.rodriguez@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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

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

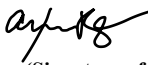

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

DISCUSSIONS/COMMENTS

Substitute present
DCFS 92622
Licensing specialist was able to assist provider in accessing BCIS for household member. Background check for household member is scheduled for 2/6/25.

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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		YOLANDA OTANEZ (Printed Name)