



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ALEXANDRA LARA CASTILLO				License Number	DCFH.56821	Date of Inspection	11/10/2025
					Expiration Date	6/30/2028	Time of Inspection	01:18 PM
Address	82 MARLBORO ST WATERBURY CT 06705-1115				Telephone	(203) 982-9321	Regular Capacity	6
					Hours of Operation	24 HOURS – 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	Partial - safe sleep provisions				Inspector's Name	Alexandra Rodriguez		
Provider's Email	alexandralara309@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).

Alexandra Lara

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-5(d) and/or 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:



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

No violations during inspection.
Did not observe any children sleeping in a pack n play. Observed one child age 18 months old napping in a bed.

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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)	DATE CORRECTIONS DUE BY:	
Alexandra Rodriguez (Printed Name)	ALEXANDRA LARA CASTILLO (Printed Name)		