

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CYNTHIA CASCONE	License Number	DCFH.54243	Date of Inspection	06/24/2026
		Expiration Date	1/31/2029	Time of Inspection	09:38 AM
Address	37 TURKEY HILL RD NEWTOWN CT 06470-2342	Telephone	(203) 240-9138	Regular Capacity	6
		Hours of Operation	7:30 AM — 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes? ☐ No? ☒	Days of Operation	Mon-Fri	Summer Hours	Open
New Address		# Under 18 mths present	2	Weekend Hours	No
		Total children present	4	Night Hours	No
Type of Inspection	Capacity gollow	Inspector's Name	Amanda Hammons		
Provider's Email	cyndicascone218@gmail.com	Inspector's Email	amanda.hammons@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).

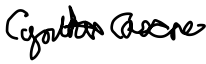
Cynthia Cascone

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
The regulation regarding capacity was found to be in compliance during this visit.	
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
The regulation regarding infant/toddler restriction was found to be in compliance during this visit.	

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
DISCUSSIONS/COMMENTS			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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 <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Amanda Hammons (Printed Name)	 (Printed Name)		CYNTHIA CASCONE (Printed Name)