



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	MONICA MENDOZA			<b>License Number</b>	DCFH.54397	<b>Date of Inspection</b>	04/08/2024
				<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	09:45 AM
<b>Address</b>	21 MAPLERIDGE DR  WATERBURY CT 06705-3623			<b>Telephone</b>	(203) 519-4855	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY-FRIDAY 6:00AM-10:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	2	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up, technical assistance, cap assistance			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	mona_mora@outlook.com			<b>Inspector's Email</b>	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*

### Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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<b>Other Findings-In Compliance</b>		
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<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>
[19a-87b-10(a)]	004-Capacity	

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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Observed no violations during follow up. Discussed with provider the importance to communicate with licensing specialist if help is needed to complete corrective action plan. Emphasized to provider the importance of following through with corrections stated on corrective action plan and completing background checks in timely manner.

**Comments:**

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**NOTE:** 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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		MONICA MENDOZA (Printed Name)