



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	TONY RAFAEL MENDEZ		License Number	DCFH	Date of Inspection	05/01/2024
			Expiration Date		Time of Inspection	09:14 AM
Address	195 WESTVILLE AVENUE EXT DANBURY CT 06811-4439		Telephone	(347) 942-1553	Regular Capacity	6
			Days and Hours	Monday- Friday 6am-10pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0		Summer Care	Open
Purpose of Inspection	Follow up from full.		Name of Inspector	Janarish Lopez		
Provider's Email	tony2115.tm@gmail.com		Inspector's Email	janarish.lopez@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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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-9(a)]	022-Clean/Sanitary Environment	
[19a-87b-9(d)(4)(D)]	031-Stairways: Protected/Handrails	
[19a-87b-9(d)(6)]	034-Smoke Detectors	
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	

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

Didn't observe fruit flies in child care area, observed carbon monoxide/ smoke detector in the lower level laundry room, observed a higher lock on the door boot accessible to children.

Comments:

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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	Janarish Lopez (Printed Name)		TONY RAFAEL MENDEZ (Printed Name)