



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARGARITA BATISTA TORRES		License Number	DCFH.57545	Date of Inspection	02/06/2025
			Expiration Date	9/30/2025	Time of Inspection	09:20 AM
Address	128 WESTVILLE AVE DANBURY CT 06810-5363		Telephone	(475) 337-1682	Regular Capacity	6
			Days and Hours	Monday-Friday 6am -10:00pm Saturday 6am-4pm	School Age Capacity	3
# Children Present	4	# Under 18 months present	4		Summer Care	Open
Purpose of Inspection	Addendum to 2/5/25 inspection		Name of Inspector	Janarish Lopez		
Provider's Email	margarita.batista@hotmail.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

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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
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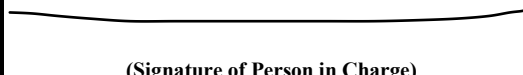
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

During the inspection completed on 2/5/25 there were 4 children - 4 infants in care. The capacity of 3 children - 3 children in care were written in error.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		MARGARITA BATISTA TORRES (Printed Name)