



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	TONY RAFAEL MENDEZ			<b>License Number</b>	DCFH.58009	<b>Date of Inspection</b>	02/11/2025
				<b>Expiration Date</b>	5/31/2028	<b>Time of Inspection</b>	03:08 PM
<b>Address</b>	195 WESTVILLE AVENUE EXT DANBURY CT 06811-4439			<b>Telephone</b>	(347) 942-1553	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday- Friday 6am-10pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	3			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up from full			<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	tony2115.tm@gmail.com			<b>Inspector's Email</b>	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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-9(c)]	Description: 024-Harmful Substances and Materials Inaccessible
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Dcfs: 91698 & Dcfs. 91945

**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)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>TONY RAFAEL MENDEZ</b> (Printed Name)