



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARGARITA BATISTA TORRES				License Number	DCFH.57545	Date of Inspection	03/10/2025
					Expiration Date	9/30/2025	Time of Inspection	10:29 AM
Address	128 WESTVILLE AVE DANBURY CT 06810-5363				Telephone	(475) 337-1682	Regular Capacity	6
					Hours of Operation	6:00 AM 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	5	Weekend Hours	Yes
					Total children present	6	Night Hours	No
Type of Inspection	Full follow up				Inspector's Name	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).

Margarita

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(c)]	Description: 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
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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:	Description:
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Statute and/or Regulation:	Description:
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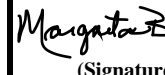
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Defs: 92786-afternoon
 Defs: 92466- morning
 -No violations found at time of visit

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 Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	(Printed Name)		MARGARITA BATISTA TORRES (Printed Name)