



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANA MENDEZ				<b>License Number</b>	DCFH.51076	<b>Date of Inspection</b>	05/13/2025
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	11:40 AM
<b>Address</b>	22 ELDRIDGE STREET WATERBURY CT 06704				<b>Telephone</b>	(203) 596-3548	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	5:30 AM 7:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	2	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Partial- Access/medication				<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	ana.s.mendez1953@gmail.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).*

*ana mendez*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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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

<b>Statute and/or Regulation:</b> [19a-87b-13]	<b>Description:</b> 093-Access
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Bedroom upstairs was accessible to agency.

<b>Statute and/or Regulation:</b> [19a-87b-17(b)(3)]	<b>Description:</b> 100-Written Authorized Prescriber/Parent Permission
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Observed child present with current medical authorization forms for allergy to peanuts and asthma.

<b>Statute and/or Regulation:</b> [19a-87b-17(b)(5)]	<b>Description:</b> 102-Prescription Meds Stored/Labeled
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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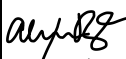

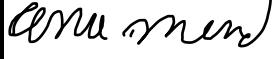
<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Substitute present DCFS 2732  
 Reminded provider one child's asthma medication expires at the end of June 2025 and reminded provider one child's physical expires at the end of May 2025.  
 No violations.

**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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>ANA MENDEZ</b> (Printed Name)