



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANA MENDEZ				<b>License Number</b>	DCFH.51076	<b>Date of Inspection</b>	08/18/2025
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	02:16 PM
<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>	1	<b>Weekend Hours</b>	No
					<b>Total children present</b>	8	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Specialist was in the area and doing state work and observed children outside without an adult present: specialist checked				<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>	[19a-87b-10(c)]	<b>Description:</b>	062-Meeting the Child's Needs
Provider not in compliance with meeting the physical needs of children when observed children outside playing, running around and utilizing climber while eating ice pops.			
<b>Statute and/or Regulation:</b>	[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	<b>Description:</b>	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
Provider not in compliance with maintaining a well-constructed, free standing crib or other piece of equipment designed for infant sleeping when observed infant of five months old sleeping in a swing with a bib on.			
<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<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>	<b>Description:</b>

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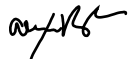

<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> Yes
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**DISCUSSIONS/COMMENTS**

Discussed with provider the following-  
 Upon arrival as specialist walked up to the outdoor area where children were observed, provider was present. Provider stated she was on the side of the house feeding the birds outside. Specialist reminded provider that supervision outdoors and inside is very important for the children's health and safety. Provider stated she was outside the whole time.  
 Reminded provider any child eating any type of food should be sitting while eating to prevent choking.  
 Reminded provider the importance of safe sleep requirements and emphasized the importance of ensuring that if the infant in care falls asleep in a swing must be moved immediately to the pack n play that was available in the childcare.  
 Observed the infant's pack n play with a blankets wrapped around the padding and a fitted sheet on top. Specialist reminded provider blanket must be removed and only fitted sheet is to be placed on pad. Provider removed blanket during inspection.

**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>09/01/2025</b>	<b>ANA MENDEZ</b> (Printed Name)