



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|------------------------------|------------------------------------------|--|-----|---|-------------------------|----------------------------|---------------------|------------|
| Provider | ANA MENDEZ | | | | License Number | DCFH.51076 | Date of Inspection | 12/01/2025 |
| | | | | | Expiration Date | 10/31/2028 | Time of Inspection | 12:32 PM |
| Address | 22 ELDRIDGE STREET WATERBURY CT 06704 | | | | Telephone | (203) 596-3548 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 5:30 AM – 7:00 PM | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Fri | Summer Hours | Open |
| New Address | | | | | # Under 18 mths present | 1 | Weekend Hours | No |
| | | | | | Total children present | 2 | Night Hours | No |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Alexandra Rodriguez | | |
| Provider's Email | ana.s.mendez1953@gmail.com | | | | Inspector's Email | alexandra.rodriguez@ct.gov | | |

Key:
 Compliant = X
 Non-Compliant = O

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/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

| | | |
|---|--------------------------------------|----------|
| X | 4. Capacity | |
| X | 5. Non-transferability of license | Pending? |
| X | 6. Infant/Toddler Restriction | |
| X | 7. License Posted | |
| X | 8. Parent Access to OEC Phone Number | |
| X | 9. Photo ID | |
| X | 10. Requests for Information | |
| X | 11. Notification of Change | |

QUALIFICATION OF PROVIDER 19a-87b-6

| | | |
|---|------------------------------------------------|------------|
| X | 12. Awareness of, Understanding of Regulations | |
| X | 13. Medical statement | |
| | Expiration date: | 08/22/2028 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 04/05/2027 |

| | | |
|----------|---------------------------------------|--|
| X | 15. CPR Certificate | |
| | Expiration date: 04/05/2027 | |
| X | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|----------|----------------------------------|--|
| X | 17. Medical Statement | |
| X | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | | | |
|----------|--------------------------------|------------|-----------------------------------|----------------------------|
| X | 19. Sub/Assistant | Y/N | Name: Isidro Méndez | Appvl # 2732 |
| | Type of Staff: | Y | | |
| X | 20. Emergency Caregiver | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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|----------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| ○ | 21. Background Check(s) | Provider not in compliance with maintaining evidence of compliance with background checks when unable to demonstrate access to background check. |
|----------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

PHYSICAL ENVIRONMENT 19a-87b-9

| | | |
|----------|------------------------------------------------------|------------------------|
| X | 22. Clean/Sanitary Environment | |
| X | 23. Freedom of Hazards | |
| X | 24. Harmful Substances/Materials Inaccessible | |
| X | 25. Bio-contaminants Disposed Safely | |
| X | 26. Safe Storage of Flammables | |
| X | 27. Safe Door Fasteners | |
| X | 28. Electrical Safety | |
| X | 29. Safe Exits | |
| X | 30. Basement Supervision | Y/N Y |
| | Used for Care ? | Y/N |
| X | 31. Stairways - Protected, Handrails | |
| X | 32. Emergency Plan | |

| | | | |
|----------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| O | 33. Emergency Evacuation Drills - Quarterly/Log | Provider not in compliance with maintaining a written log of the drills for one year when not available during inspection. | |
| X | 34. Smoke Detectors | | |
| X | 35. Carbon Monoxide Detector | | |
| X | 36. Fire Extinguisher- 5 lb. ABC/Installed | | |
| X | 37. Auxiliary Heating System N | Appvd? | |
| | Type? | | |
| X | 38. Safe Storage of Weapons and Ammunition | | |
| X | 39. Safe Space-Sufficient | | |
| | Indoors | Outdoors | |
| | Y | Y | |
| X | 40. Body of Water-Type: | Y/N | |
| | Barrier? | N | |
| X | 41. Hot Tubs-Locked - Inaccessible | Y/N | |
| | | N | |
| X | 42. Ventilation, Light and Temperature- 65° | | |
| X | 43. Window Safety | | |
| X | 44. Washing Toileting, Sewage Garbage Facilities | | |
| X | 45. Adequate and Safe Water - | | |
| | Type of System: | | |
| | Public Water | | |
| X | 46. Water Temperature- 60°-120° | | |
| X | 47. Pasteurization of Milk Supply | | |
| X | 48. Working Phone, Emergency Numbers Posted | | |
| X | 49. Safe Transportation Registered, Insured, Restraints | | |
| X | 50. First Aid supplies | | |
| X | 51. Pet protection | Type: | |
| | Pets? | N | |
| | Rabies Certs? | | |
| X | 52. Smoking Prohibited | | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

| | | |
|----------|----------------------------|--|
| X | 53. Enrollment Form | |
|----------|----------------------------|--|

| | | |
|-------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | 54. Child Health Record | Provider not in compliance with maintaining current child health record of one household member. |
| <input type="radio"/> | 55. Immunizations | Provider not in compliance with maintaining current immunization record of one child. |
| <input checked="" type="checkbox"/> | 56. Emergency Permission | |
| <input checked="" type="checkbox"/> | 57. Authorized Release | |
| <input checked="" type="checkbox"/> | 58. Field Trip and Transportation Permission- To/From School | |
| <input checked="" type="checkbox"/> | 59. Swimming Permission | |
| <input checked="" type="checkbox"/> | 60. Incident Log | |
| <input checked="" type="checkbox"/> | 61. Confidentiality | |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs | |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment | |
| <input checked="" type="checkbox"/> | 64. Good Nutrition- Meals/Snacks, Water Available | |
| <input checked="" type="checkbox"/> | 65. Handwashing | |
| <input checked="" type="checkbox"/> | 66. Flexible and Balanced Written Schedule | |
| <input checked="" type="checkbox"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles | |
| <input type="radio"/> | 68. Proper Rest Provisions – Safe Cribs | Provider not in compliance when observed a mattress inserted in pack n play where per provider's statement is where 8 month old sleeps. 8 month old present was it sleeping during inspection. Provider removed mattress during inspection. |
| <input type="radio"/> | 69. Individual Plan for Care (Written if Applicable) | Provider not in compliance with developing and implementing a written individual plan of care for one child diagnosed with intermittent asthma. |
| <input checked="" type="checkbox"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities | |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping | |
| <input checked="" type="checkbox"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | |

| | | |
|----------|----------------------------------------------------------------------|--|
| X | 74. Crib or Other Provision Free from Observable Hazards | |
| X | 75. Infants not Swaddled | |
| X | 76. Infants Supervised – minimum every 15 minutes | |
| X | 77. Req. for Sleep Arrangements Posted/Discussed | |
| X | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal | |
| X | 79. Parent Information and Access | |
| X | 80. Developmental Milestones – Posted | |
| X | 81. Supervision- at all Times, Indoors, Outdoors | |
| X | 82. Personal Schedule- Alert, Competent Attention | |
| X | 83. Full Attention - Distractions, Employment, Socialization | |
| X | 84. Immediate Attention | |
| X | 85. Substitute – Emergency Caregiver Present | |
| X | 86. Appr. Discipline, Behavior Management | |
| X | 87. Discuss Beh. Management Methods w/Staff and Parents | |
| X | 88. Child Protection- Abuse/Neglect | |
| X | 89. Notify OEC within 24 hrs. - Death or Serious Injury | |
| X | 90. Mandated Reporting Abuse or Neglect to DCF | |

SICK CHILD CARE 19a-87b-11

| | | |
|----------|---------------------|--|
| X | 91. Sick Child Care | |
|----------|---------------------|--|

NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

| | | |
|----------|-----------------------------------------------------------|--|
| X | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |
|----------|-----------------------------------------------------------|--|

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X 93. Access-
Immediate, Entire
or Part of Facility
and Records

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X 94. Policies and
Procedures for
Admin of Meds

O 95. Parent
Permission for
Nonprescription
Topical Meds
Provider not in compliance with maintaining current written permission from parents when not available for one child's diaper cream.

X 96. Notification -
Documentation of
Med Error(s)

O 97.
Nonprescription
Topical Meds-
Stored/Labeled
Provider not in compliance with maintaining proper labeling of nonprescription topical medications when child's name not written on cream.

X 98. Unused -
Expired
Nonprescription
Meds

X 99. Documented
Medication
Trained Staff

X 100. Written Auth
Prescriber/Parent
Permission

X 101. MAR
Maintained

X 102. Prescription
Meds -
Stored/Labeled

X 103.
Unused/Expired
Prescription Meds

X 104. Emergency
Meds- Equip.
Labeled/Current

X 105. Self-Admin.
Of Meds

X 106. Petition for
Special
Medication
Authorization

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X 108. Policies for
Finger Stick Blood
Glucose Testing

X 109. Finger Stick
Blood Glucose
Testing - Staff
Trained

X 110. Self Admin of
Finger Stick Blood
Glucose Testing

X 111. Testing
Equip. &
Supplies-
Maintain,
Labeled, Locked,
Disposed

| | | |
|----------|--------------------------------------------------------|--|
| X | 112. Finger Stick Blood Glucose Testing Records | |
| X | 113. Parent Notification of Test Results | |

ADDITIONAL VIOLATIONS

| | | | |
|--|---------------------------------------------------------------|----------|--|
| | 114. Consent Order - Negotiated Corrective Action Plan | N/A? | |
| | | X | |




| | | | |
|------------------------------------------------------------|------------|--------------------------------------------|---------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 8 out of 109 |
|------------------------------------------------------------|------------|--------------------------------------------|---------------------|

DISCUSSIONS/COMMENTS

Discussed with provider the following-- Importance of ensuring all children enrolled have a complete immunization record and all children under the age of 5 years old must have flu vaccine by December 31st. Importance of provider knowing how to access BCIS and demonstrate it during every inspection. Importance of practicing and documenting four fire drills a year. Observed a mattress inserted in pack n play where 8 month old sleeps. Provider removed it during inspection. Reminded provider she must follow manufacturer guidelines on pack n play. Infant was not sleeping in pack n play during inspection. Reminder one child's physical has expired on 11/26/25, child has 30 days to have a current physical on file (until 12/26/25). Reminded provider about screen time, observed child watching television during entire 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.*
- *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/Applicant/Substitute) |
| Alexandra Rodriguez (Printed Name) | Melissa Lohr (Printed Name) | 12/15/2025 | ANA MENDEZ (Printed Name) |