



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	TRANSITO DORINDA MORALES TORRES				<b>License Number</b>	DCFH	<b>Date of Inspection</b>	12/15/2025
					<b>Expiration Date</b>		<b>Time of Inspection</b>	09:08 AM
<b>Address</b>	20 LAKE AVE APT 2 DANBURY CT 06810-6344				<b>Telephone</b>	(203) 994-4610	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 6:00 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>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Initial follow up				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	dorindamorales74@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).*

*Dorinda Morales Torres*

*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>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 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-6(a)]	Description: 012-Awareness of/Understanding of Regulations
---	--

Statute and/or Regulation: [19a-87b-9(a)]	Description: 022-Clean/Sanitary Environment
---	---

Statute and/or Regulation: [19a-87b-9(d)(4)(D)]	Description: 031-Stairways: Protected/Handrails
---	---

Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
--	----------------------------------


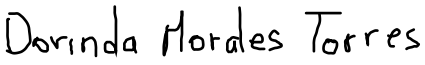
<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<u>YES/NO:</u> No
---	-------------------

**DISCUSSIONS/COMMENTS**

- observed all violations have been corrected

**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)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
<b>Janarish Lopez</b> (Printed Name)	   (Printed Name)		<b>TRANSITO DORINDA MORALES TORRES</b> (Printed Name)