



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANA MENDEZ				<b>License Number</b>	DCFH.51076	<b>Date of Inspection</b>	01/27/2026
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	02:43 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>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	1	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Infant safe sleep				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	ana.s.mendez1953@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).

*ana mendez*

*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

<b>Statute and/or Regulation:</b> [19a-87b-10(c)(6)]	<b>Description:</b> 067-Personal Articles: Blanket/Towel/Toilet Articles
--	--

<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
--	---

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




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

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

<b>DISCUSSIONS/COMMENTS</b>
-----------------------------

<b>IMPORTANT NOTES</b>
------------------------

- *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>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>ANA MENDEZ</b> (Printed Name)