




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

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	TONY RAFAEL MENDEZ			LICENSE NUMBER	DCFH.58009	DATE OF INSPECTION	03/16/2026
				EXPIRATION DATE	5/31/2028	TIME OF INSPECTION	09:59 AM
ADDRESS	195 WESTVILLE AVENUE EXT DANBURY CT 06811-4439			TELEPHONE	(347)	REGULAR CAPACITY	6
				HOURS OF OPERATION	6:00 AM - 10:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	1	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	5	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Janarish Lopez		
PROVIDER'S EMAIL	tony2115.tm@gmail.com			INSPECTOR'S EMAIL	janarish.lopez@ct.gov		
KEY:	<i>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).</i>						
COMPLIANT = X	 Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
O	11. 5(j) NOTIFICATION OF CHANGE	Provider not in compliance with notifying the Office of renovation, when observing the outdoor child care area it was moved from one location to another without notifying the OEC of such change.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE:	01/15/2027

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 12/09/2027	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 12/09/2027	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Quirina M. Rodriguez	Appvl #	Dcfs. 91945
		Y	NAME:	Oscar Manuel Mendez	Appvl #	Dcfs. 92506
	PRESENT AT VISIT? Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
O	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children, observed 2 laundry cleaning supplies on the floor in the bathroom accessible to children.
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A)	Y/N	
	BASEMENT SUPERVISION	N	
	USED FOR CARE ?	Y/N	
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS		
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with practicing quarterly emergency evacuation drills, observed only 3 emergency drills completed for the year of 2025	
X	34. 9(d)(6) SMOKE DETECTORS		
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y	TYPE:	APPROVED?
	AUXILIARY HEATING SYSTEM		
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT		
	INDOORS OUTDOORS Yes Yes		
X	40. 9(f)(2) N/A?	TYPE:	BARRIER:
	BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED		
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER -		
	TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(i) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION PETS?	TYPE of PETS:
	RABIES CERTS?	Y/N N
X	52. 9(p) <u>Smoking Prohibited</u>	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining complete child enrollment forms for 2 children.
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record for 1 child
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining complete immunization record for 1 child and 3 children did not have the current flu vaccine
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
O	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	Provider not in compliance with maintaining complete written parent permission for transitioning children to/from school for 5 children.
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
O	62. 10(c) MEETING THE CHILD'S NEEDS	Provider not in compliance with meeting the physical needs of children when a current care plan for 1 child wasn't observed.
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
O	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	Provider not in compliance with washing the child's hands after diapering, observed substitute changing children's diaper 3 times without washing the child's hands after the diaper change.
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

X	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y

X	<u>94. 17</u> POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	<u>95. (a)(2)</u> PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	<u>96. (a)(2)(b)(3)(D)</u> NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	<u>97. (a)(3)</u> NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
O	<u>98. (a)(3)(C)</u> UNUSED -EXPIRED NONPRESCRIPTION MEDS	Provider not in compliance with ensuring that expired medication is destroyed or returned to the parent, observed an expired inhaler for 1 child
X	<u>99. (b)(1)(2)</u> DOCUMENTED MEDICATION TRAINED STAFF	
X	<u>100. (b)(3)</u> WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	<u>101. (b)(4)(A-B)</u> MAR MAINTAINED	
X	<u>102. (b)(5)(A-B)</u> PRESCRIPTION MEDS – STORED/LABELED	
X	<u>103. (b)(5)(D)</u> UNUSED/EXPIRED PRESCRIPTION MEDS	
X	<u>104. (b)(5)(C)(E)</u> EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	<u>105. (b)(6)</u> SELF – ADMIN. OF MEDS	
X	<u>106. (b)(7)</u> PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
X	<u>107. (d)</u> POTASSIUM IODIDE (KI)	
	N/A	

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

X	<u>108. (a)</u> POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	<u>109. (b)</u> FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

