



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JOHANNA V ASENJO TANTALEAN				License Number	DCFH.58043	Date of Inspection	04/01/2026
					Expiration Date	8/31/2028	Time of Inspection	07:37 AM
Address	109 MOUNTFORD ST FL 1 HARTFORD CT 06114-1757				Telephone	(860) 478-3876	Regular Capacity	6
					Hours of Operation	5:30 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address	109 MOUNTFORD ST FL1 Hartford CT 06114				# Under 18 mths present	1	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	Follow-up Inspection for Playground Snow Covered				Inspector's Name	Jenny Ferreira		
Provider's Email	Johannavictoriaasenjo@hotmail.com				Inspector's Email	jenny.ferreira@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No		
DISCUSSIONS/COMMENTS			
IMPORTANT NOTES			
<ul style="list-style-type: none"> <i>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</i> <i>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.</i> <i>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i> 			
 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Jenny Ferreira (Printed Name)	(Printed Name)		JOHANNA V ASENJO TANTALEAN (Printed Name)