




**DIVISION OF LICENSING**  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MONICA MENDOZA				<b>License Number</b>	DCFH.54397	<b>Date of Inspection</b>	06/03/2026
		<b>Expiration Date</b>	4/30/2029	<b>Time of Inspection</b>	09:10 AM			
<b>Address</b>	21 MAPLERIDGE DR WATERBURY CT 06705-3623				<b>Telephone</b>	(203) 519-4855	<b>Regular Capacity</b>	6
		<b>Hours of Operation</b>	6:30 AM – 6:30 PM	<b>School Age Capacity</b>	3			
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Sun	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	1	<b>Weekend Hours</b>	No
					<b>Total children present</b>	1	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up is it to assist provider with CAP				<b>Inspector's Name</b>	Jenny Ferreira		
<b>Provider's Email</b>	mona_mora@outlook.com				<b>Inspector's Email</b>	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).*

  
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 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**REGULATORY VIOLATIONS**

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

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> <b>No</b>
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<b>DISCUSSIONS/COMMENTS</b>
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<p>Today's visit conducted to assist provider completing her pending CAP. Technical assistance has been offered and provider will contact OEC specialist when ready.          This visit was conducted in Spanish.</p>
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<b>IMPORTANT NOTES</b>
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| <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <i>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i></li> </ul> |
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 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
<b>Jenny Ferreira</b> (Printed Name)	 (Printed Name)		<b>MONICA MENDOZA</b> (Printed Name)