



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	AMANDA Y RODRIGUEZ		<b>License Number</b>	DCFH.57824	<b>Date of Inspection</b>	07/25/2024
			<b>Expiration Date</b>	5/31/2027	<b>Time of Inspection</b>	11:05 AM
<b>Address</b>	21 DEEPWOOD DR BETHEL CT 06801-1267		<b>Telephone</b>	(203) 512-0305	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	7:00 am - 5 :00 pm Monday - Friday	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	1	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	To follow up on safe sleep.		<b>Name of Inspector</b>	Jannie Thornton		
<b>Provider's Email</b>	Amandarodriguez120@hotmail.com		<b>Inspector's Email</b>	jannie.thornton@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

<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-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(c)]	<b>Description:</b> 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
---	---

Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
---	---

Statute and/or Regulation:	Description:
----------------------------	--------------




Statute and/or Regulation:	Description:
----------------------------	--------------

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

**DISCUSSIONS/COMMENTS**

Provider moved her outdoor area to another fenced in area across the yard. The area has a 4ft fence and a self closing self latching gate.  
Provider has staff person present today.  
Provider is in compliance with safe sleep regulations.

**NOTE:** 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.  
**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 Person in Charge)
Jannie Thornton (Printed Name)	 (Printed Name)		AMANDA Y RODRIGUEZ (Printed Name)