



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	AMANDA Y RODRIGUEZ		License Number	DCFH.57824	Date of Inspection	04/10/2024
			Expiration Date	5/31/2027	Time of Inspection	02:09 PM
Address	21 DEEPWOOD DR BETHEL CT 06801-1267		Telephone	(203) 512-0305	Regular Capacity	6
			Days and Hours	7:00 am - 5 :00 pm Monday - Friday	School Age Capacity	3
# Children Present	8	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow to check on safe sleep		Name of Inspector	Jannie Thornton		
Provider's Email	Amandarodriguez120@hotmail.com		Inspector's Email	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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	

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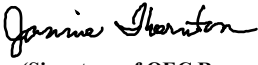
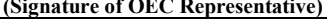

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

Observed 2 children under 18 months sleeping with nothing in their pack and play. Provider was in compliance today with safe sleep.

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)