



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ROSA E PEREZ				<b>License Number</b>	DCFH.57350	<b>Date of Inspection</b>	08/25/2025
					<b>Expiration Date</b>	7/31/2028	<b>Time of Inspection</b>	09:04 AM
<b>Address</b>	4 SHEPARD RD DANBURY CT 06810-5009				<b>Telephone</b>	(203) 300-9142	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 6:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<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>	5	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up full				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	bagman411@gmail.com				<b>Inspector's Email</b>	janarish.lopez@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> [19a-87b-9(h)]	<b>Description:</b> 046-Water Temperature
Observed water temperature at 130 degrees	
<b>Statute and/or Regulation:</b> [19a-87b-10(c)]	<b>Description:</b> 062-Meeting the Child's Needs
Provider not in compliance with meeting the physical needs of children, didn't observe medication for 1 child that requires it. Didn't observe asthma action plans for 3 children that requires it.	
<b>Statute and/or Regulation:</b> [19a-87b-17]	<b>Description:</b> 094- Policies and Procedures for Adm of Meds
Provider not in compliance with maintaining complete written policies on the administration of medication while having 3 children that require medication	
<b>Statute and/or Regulation:</b> [19a-87b-17(b)(3)]	<b>Description:</b> 100-Written Authorized Prescriber/Parent Permission
Provider not in compliance with maintaining a written order from prescriber and parent for medication for 2 children.	
<b>Statute and/or Regulation:</b> [19a-87b-17(b)(5)(E)]	<b>Description:</b> 104-Emergency Med/Equipment Labeled and Current
Provider not in compliance with maintaining emergency medications and/or equipment are properly labeled for 1 child, observed 1 asthma pump without the acceptable label.	

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<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(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]	Description: 050-First Aid Supplies
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Statute and/or Regulation: [19a-87b-9(o)]	Description: 051-Pets
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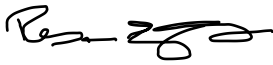
WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> Yes
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**DISCUSSIONS/COMMENTS**

Dcfs:92353 Yudelka Perez

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances 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.
- 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.
- **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: 09/08/2025	 (Signature of Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	 (Printed Name)		ROSA E PEREZ (Printed Name)