



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |   |                                |                   |                            |                          |                     |                           |            |
|-------------------------------------|---|--------------------------------|-------------------|----------------------------|--------------------------|---------------------|---------------------------|------------|
| <b>Provider</b>                     | JEANNETH ALEXANDRA YEPEZ  |                                |                   |                            | <b>License Number</b>    | DCFH.57642          | <b>Date of Inspection</b> | 09/18/2025 |
|                                     |   | <b>Expiration Date</b>         | 4/30/2026         | <b>Time of Inspection</b>  | 10:18 AM                 |                     |                           |            |
| <b>Address</b>                      | 56 GOLDEN HILL ST<br>NAUGATUCK CT 06770-3009  |                                |                   |                            | <b>Telephone</b>         | (203) 343-9387      | <b>Regular Capacity</b>   | 6          |
|                                     |   | <b>Hours of Operation</b>      | 6:00 AM – 8:00 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> | 0                 | <b>Weekend Hours</b>       | No                       |                     |                           |            |
|                                     |   | <b>Total children present</b>  | 4                 | <b>Night Hours</b>         | No                       |                     |                           |            |
| <b>Type of Inspection</b>           | 2-3 Month Partial Inspection for Supervision Violation Cited During Full Inspection |                                |                   |                            | <b>Inspector's Name</b>  | Melina Perez        |                           |            |
| <b>Provider's Email</b>             | jayaec@hotmail.com  |                                |                   |                            | <b>Inspector's Email</b> | melina.perez@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>                   |
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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>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>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 |
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| Statute and/or Regulation: [19a-87b-10(i)] | Description: 081-Supervision-At All Times, Indoors/Outdoors |
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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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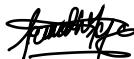
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|--|-------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? | <u>YES/NO:</u> No |
|--|-------------------|

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| <b>DISCUSSIONS/COMMENTS</b> |
|-----------------------------|

The following was observed during today's partial inspection:  
 # 81 - Upon arrival, specialist observed the provider outdoors with all 4 children who were present during today's visit. There were no children observed indoors unattended.  
 \*\*Provider was observed to still be in compliance during today's partial inspection.

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| <b>IMPORTANT NOTES</b> |
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- 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.

|  |                                       |                                |   |
|--|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Melina Perez</b><br>(Printed Name)  | <br>(Printed Name)                    |                                | <b>JEANNETH ALEXANDRA YEPEZ</b><br>(Printed Name)   |