



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	AMANDA Y RODRIGUEZ				License Number	DCFH.57824	Date of Inspection	03/12/2026
					Expiration Date	5/31/2027	Time of Inspection	11:32 AM
Address	21 DEEPWOOD DR BETHEL CT 06801-1267				Telephone	(203) 512-0305	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	8	Night Hours	No
Type of Inspection	Playground Follow-Up				Inspector's Name	Amanda Hammons		
Provider's Email	Amandarodriguez120@hotmail.com				Inspector's Email	amanda.hammons@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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(1-2)]	Description: 039-Indoor/Outdoor Space-Safe and Sufficient
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The regulation regarding sufficient/safe space was found to be in compliance during this visit.

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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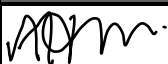

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

DCFS.92471 present during inspection.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Amanda Hammons (Printed Name)	 (Printed Name)		AMANDA Y RODRIGUEZ (Printed Name)