



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YACARLA RODRIGUEZ				License Number	DCFH.58204	Date of Inspection	06/24/2026
					Expiration Date	5/31/2029	Time of Inspection	08:38 AM
Address	25 OLD SHELTER ROCK RD DANBURY CT 06810-7030				Telephone	(475) 325-8812	Regular Capacity	6
					Hours of Operation	6:00 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	1	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	Day 2 of full inspection				Inspector's Name	Janarish Lopez		
Provider's Email	yacarla96@gmail.com				Inspector's Email	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).

Yacarla R

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-10(b)(1)]	Description: 053-Enrollment Form
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Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
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Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	Description: 055-Immunizations
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Statute and/or Regulation: [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

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:	 (Signature of Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	(Printed Name)		YACARLA RODRIGUEZ (Printed Name)