



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	ASTRID PRISILA RODRIGUEZ			License Number	DCFH.56479	Date of Inspection	12/13/2023
				Expiration Date	5/31/2026	Time of Inspection	02:09 PM
Address	87 GRAFTON ST NEW HAVEN CT 06513-3147			Telephone	(203) 993-1405	Regular Capacity	6
				Days and Hours	MON-FRI 6:00AM-5:30PM	School Age Capacity	3
# Children Present	5	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up on Safe Sleep			Name of Inspector	Candy Vargas		
Provider's Email	rprisilia@yahoo.com			Inspector's Email	candy.vargas@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

--	--	--

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-6(c)]	014-First Aid Certificate	
[19a-87b-6(c)]	015-CPR Certificate	
[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	

--	--	--

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



Discussions:

Infant observed sleeping in a play pen. No lose sheets, or toys observed in the playpen.
 At the time of inspection the provider informed the specialist she was current with CPR/FA training. No violations observed.

Comments:

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)
Candy Vargas (Printed Name)	 (Printed Name)		 (Printed Name)