



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	DAILYN RODRIGUEZ		<b>License Number</b>	DCFH.57234	<b>Date of Inspection</b>	03/07/2024
			<b>Expiration Date</b>	7/31/2027	<b>Time of Inspection</b>	01:33 PM
<b>Address</b>	1474 QUINNIPIAC AVE NEW HAVEN CT 06513-1519		<b>Telephone</b>	(475) 301-9854	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY TO FRIDAY, 7:00 AM TO 5:00 pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	2	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up - cap and cribs		<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	daylnrdriguez@yahoo.com		<b>Inspector's Email</b>	linda.moylan@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
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Failed to practice quarterly emergency evacuation drills when drill was still not conducted and logged. Form complete.
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Failed to maintain a complete first aid kit.

--	--	--

**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-10(b)(1)]	053-Enrollment Form	
[19a-87b-10(b)(2)]	054-Child Health Record	
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	055-Immunizations	

[19a-87b-10(f)(1) and/or  
19a-87b-10(f)(4)]

073-Infants Placed in Safe  
Crib/Snug Mattress/Tight Sheet




YES/NO: Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

**Discussions:**

**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)	<b>DATE CORRECTIONS DUE BY:</b> 03/21/2024	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	 (Printed Name)		DAILYN RODRIGUEZ (Printed Name)