



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ASTRID PRISILA RODRIGUEZ		License Number	DCFH.56479	Date of Inspection	08/21/2024
			Expiration Date	5/31/2026	Time of Inspection	07:24 AM
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	4	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	BCIS follow up		Name of Inspector	Jenny Ferreira		
Provider's Email	rprisilia@yahoo.com		Inspector's Email	jenny.ferreira@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-10(b)(1)]	Description: 053-Enrollment Form
Observed enrollment forms completed. In compliance .	
Statute and/or Regulation: [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
Observed emergency permission form completed. In compliance.	

Statute and/or Regulation: [19a-87b-10(b)(3)(A)]	Description: 057-Authorized Release
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Observed authorized release form completed. In compliance.

Statute and/or Regulation: [19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	Description: 058-Field Trip and Transportation Permission
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Observed field trip and transportation permission form completed. In compliance.

Statute and/or Regulation: [19a-87b-10(b)(3)(E)]	Description: 059-Swimming Permission
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Observed swimming permission form completed. In compliance.

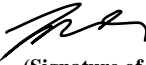

Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Spanish version of regulation book provided at this visit.
Provider to contact legal in a few days for update on household member's fingerprints.
Corrective Action Plan form completed and collect at this inspection.

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 Person in Charge)	DATE CORRECTIONS DUE BY:
Jenny Ferreira (Printed Name)	ASTRID PRISILA RODRIGUEZ (Printed Name)	