

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL
 UNANNOUNCED FULL/PARTIAL
 FOLLOW UP
 LOCATION CHANGE
 OTHER

Provider: <u>Kamara Moodie</u>	License Number: <u>54248</u>	Date of Inspection: <u>2/8/23</u>
Address: <u>45 Butler Ave Fl 2</u>	Expiration Date: <u>1/31/25</u>	Time of Inspection: <u>12:15</u>
	Capacity: <u>6+3</u>	Days/Hours: <u>24/7</u>
Town: <u>Bridgeport</u>	Telephone: <u>203-449-1401</u>	Summer: <u>Open/Closed</u>
State/Zip Code: <u>CT 06605</u>	Email: <u>kilsunshine1401@yahoo.com</u>	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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).

Kamara Moodie
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

4. Capacity: Total # Children Present: 8

5. Nontransferability of License

6. Infant/Toddler Restriction- # Present: _____

7. License Posted

8. Parent Access to OEC Phone Number

9. Photo ID

10. Requests for Information

11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

12. Awareness of/Understanding of Regulations

13. Medical Statement-Exp. Date 3/17/24

14. First Aid Certificate-Exp. Date 8/27/24

15. CPR Certificate- Exp. Date 8/27/24

16. Judgment

Members of the Household 19a-87b-7

17. Medical Statement

18. Household Environment

Qualifications of Staff 19a-87b-8

19. Substitute/Assistant (Y/N)

20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

21. Background Check(s)

Physical Environment 19a-87b-9

22. Clean/Sanitary Environment

23. Freedom of Hazards

24. Harmful Substances/Materials Inaccessible

25. Bio-contaminants Disposed Safely

26. Safe Storage of Flammables

27. Safe Door Fasteners

28. Electrical Safety

29. Safe Exits

30. Basement Supervision (Y/N)

31. Stairways: Protected/Handrails

32. Emergency Plan

33. Emergency Evacuation Drills-Quarterly/Log

34. Smoke Detectors

35. Carbon Monoxide Detector

36. Fire Extinguisher- at least 5 lb. ABC/Installed

37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)

38. Safe Storage of Weapons and Ammunition

39. Safe Space - Sufficient
Indoor ✓ Outdoor ✓

40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)

41. Hot Tubs- Locked/Inaccessible

42. Ventilation/Light - Temperature- 65°F

43. Window Safety

44. Washing/Toileting/Sewage/Garbage Facilities

45. Adequate and Safe Water: Public/Approved

46. Water Temperature 60°-120°F

47. Pasteurization of Milk Supply

48. Working Telephone/Emergency Numbers Posted

49. Safe Transportation-Registered/Insured/Restraints

50. First Aid Supplies

51. Pets: (Y/N) -Type: DOG Rabies Certificate(s)

52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

53. Enrollment Form

54. Child Health Record

55. Immunizations

56. Emergency Permission

57. Authorized Release

58. Field Trips/Transportation Permission- To/From School

59. Swimming Permission

60. Incident Log

61. Confidentiality

62. Meeting the Child's Needs

63. Sufficient Play Equipment

64. Good Nutrition: Meals/Snacks/Water Available

65. Handwashing

66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <u>MaryBene Trigula</u>	Date Corrections Due By: <u>—</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Kamara Moodie</u>
(Printed Name) <u>MaryBene Trigula</u>		(Printed Name) <u>Kamara Moodie</u>

