



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	KAMARIA K MATEEN		<b>License Number</b>	DCFH.56450	<b>Date of Inspection</b>	07/23/2024
			<b>Expiration Date</b>	4/30/2026	<b>Time of Inspection</b>	11:28 AM
<b>Address</b>	148 HUBINGER ST FL 1 NEW HAVEN CT 06511-2929		<b>Telephone</b>	(203) 589-3853	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MON - FRI 7:00 AM - 5:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up inspection		<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	KAMARIA1975@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*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
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<b>Statute and/or Regulation:</b> [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	<b>Description:</b> 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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<b>Statute and/or Regulation:</b> [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	<b>Description:</b> 074-Crib or other Provision Free from Observable Hazards
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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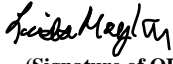
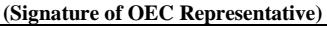

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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

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**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>	 (Signature of Person in Charge)
<b>Linda Johnson Moylan</b> (Printed Name)	 (Printed Name)		<b>KAMARIA K MATEEN</b> (Printed Name)