



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	JACQUELINE WHITE BELL			<b>License Number</b>	DCFH.56844	<b>Date of Inspection</b>	08/06/2024
				<b>Expiration Date</b>	8/31/2028	<b>Time of Inspection</b>	02:17 PM
<b>Address</b>	14 MOORE AVE EAST HARTFORD CT 06108-2549			<b>Telephone</b>	(860) 206-4745	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	24 HOURS	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up / check cap items			<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	jackielblessinghd@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).

*Jackie White Bell*

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-7(a)]	<b>Description:</b> 017-Medical Statement
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<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
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<b>Statute and/or Regulation:</b> [19a-87b-9(b)]	<b>Description:</b> 023-Freedom of Hazards
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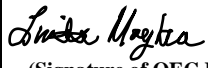
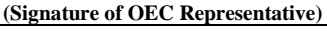
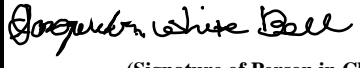
<b>Statute and/or Regulation:</b> [19a-87b-9(d)(2)]	<b>Description:</b> 027-Safe Door Fasteners
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

One authorization for grandchild.

**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>JACQUELINE WHITE BELL</b> (Printed Name)