



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	BERNICE PULLEN			License Number	DCFH.51658	Date of Inspection	10/30/2024
				Expiration Date	11/30/2025	Time of Inspection	09:40 AM
Address	20 RIDGE CT W # C WEST HAVEN CT 06516-3038			Telephone	(475) 655-2860	Regular Capacity	6
				Days and Hours	MON - FRI 7 AM - 5:30 PM	School Age Capacity	3
# Children Present	1	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up to 8/21/24 full inspection			Name of Inspector	Linda Johnson Moylan		
Provider's Email	queenb126113@gmail.com			Inspector's Email	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

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(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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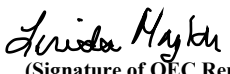


<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed 3 items not yet complete.

IMPORTANT NOTES

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| <ul style="list-style-type: none"> ○ <i>It is the provider's responsibility to ensure <u>compliance with all local codes and/or ordinances</u> applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.</i> ○ <i>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.</i> ○ <i>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i> |
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 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	Silvana Carreon (Printed Name)		BERNICE PULLEN (Printed Name)