



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	KHALEYA WOOLFORD			<b>License Number</b>	DCFH	<b>Date of Inspection</b>	11/14/2024
				<b>Expiration Date</b>		<b>Time of Inspection</b>	04:39 PM
<b>Address</b>	355 ELM ST MONROE CT 06468-2207			<b>Telephone</b>	(917) 480-9245	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M-F 7:30 a.m. - 6 p.m.	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	2nd day of initial inspection to gain access to in-law apartment of the home.			<b>Name of Inspector</b>	Patty Tyburski		
<b>Provider's Email</b>	Healing-Hugs@outlook.com			<b>Inspector's Email</b>	patricia.tyburski@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).*

*Khaleya Woolford*

*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>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
<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

Statute and/or Regulation: [19a-87b-13]	Description: 093-Access
---	-------------------------

Statute and/or Regulation:	Description:
----------------------------	--------------

Statute and/or Regulation:	Description:
----------------------------	--------------

Statute and/or Regulation:	Description:
----------------------------	--------------



YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
------------	--

**DISCUSSIONS/COMMENTS**

Completed 2nd part of the initial inspection today confirming access to all areas of the home. In Law apartment was accessible and all areas are safe.

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances 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.
- 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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Patty Tyburski</b> (Printed Name)	 (Printed Name)		<b>KHALEYA WOOLFORD</b> (Printed Name)