



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	ALYSSA NOELL RANSOM			<b>License Number</b>	DCFH.57268	<b>Date of Inspection</b>	12/19/2024
				<b>Expiration Date</b>	10/31/2027	<b>Time of Inspection</b>	12:21 PM
<b>Address</b>	10 GARDEN ST NEW HAVEN CT 06511-4560			<b>Telephone</b>	(475) 800-9883	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY, 6 AM - 6:30 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up			<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	noell_91@hotmail.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).

*[Handwritten Signature]*

*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>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-17(b)(1) and/or 19a-87b-17(b)(2)]	<b>Description:</b> 099-Documented Med Trained Staff
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Observed sturdy gate purchased for street protection. Pending fencing to block adjoining property.

**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 Person in Charge)	<b>DATE CORRECTIONS DUE BY:</b>	
<b>Linda Johnson Moylan</b> (Printed Name)			<b>ALYSSA NOELL RANSOM</b> (Printed Name)