

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other Consent Order

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Paola Moore Date: 3/28/25 Time: 10<sup>41</sup> AM  
Location Address: 87 Brown Street West Haven Telephone #: 203-909-0183  
e-mail address: paola.moore@icloud.com License #: 56578 Expiration Date: 12/31/26  
Capacity: 6x3 # of Children Present: 4 # of Staff Present: 1

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature Paola Moore

Purpose of visit: Consent Order Monitoring

Observations/Corrections needed:

Condition #8

(NS) condition met - During OEC representative visit and walk-through the only household member present is provider and none else.

condition #9

(NS) condition met - During OEC representative visit today only provider has had contact with children. Provider indicated only she and her OEC approved staff are present during her business days/hours

condition #10

(NS) condition met - Provider has complied with this condition and has been completed and submitted to OEC by her previous due date.

condition #11

(NS) condition met - condition met OEC representative observed current

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Adult medical statement on file

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Evelyn Vicente Quiñones  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Paola Moore  
(Person in Charge)

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Paola Moore License # 56578 Date: 3/28/25

Observations/Corrections needed:

Condition # 12

NS condition in compliance = OEC representative discussed condition with provider at time of visit. Provider stated she understands condition and will comply.  
Condition # 13

NS condition in compliance = OEC representative discussed condition with provider at time of visit. Provider stated she understands condition and will comply.

Discussed

- Notification of change within 5 working days with any changes to comply with regulations and/or conditions of consent order
  - additionally with the specifics of condition of household member currently not being able to be in home nor have contact with children enrolled during business hours.
    - close for day if household member will be present for any reason (vacation, sick, etc.)
    - change business hours to serve children enrolled and household member were to leave/arrive at a different timeframe.
- Inspection conducted in Spanish; this document reviewed/translated in Spanish to provider at time of visit.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Evelyn Vicente Quinones  
(OEC Representative)Print Name: Evelyn Vicente Quinones

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: X Paola Moore  
(Person in Charge)OEC BY: w/aPrint Name: X Paola Moore