


Initial Unannounced Full/Partial ^{Initial} Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Badria Jibriil Mohamed Date: 8/05/25 Time: 11:35 am
Location Address: 56 Lester Street Telephone #: 203-974-2001
e-mail address: Mohamedbadriah90@gmail.com License #: Pending Expiration Date: Pending
Capacity: 6/3 # of Children Present: 3 own # of Staff Present: 1 Applicant Provider

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: 

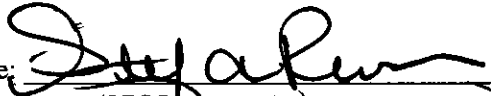
Purpose of visit: Follow-up from Initial Inspection on 7/21/25
^{applicant}
The providers daughter was present to help translate from
Observations/Corrections needed: Arabic to English


- 23. The picnic table was removed from the outdoor playspace. The nails are no longer accessible. Lattice was added all around the deck. No openings were observed between rails.
- 24. A lock was added to the cabinet under the bathroom sink. The cleaning supplies, lysol and bleach are no longer accessible.
- 31. The 2 stairways on deck were gated. The stairs are no longer accessible from outdoor playspace.
- 32. The emergency plan was completed and is on site posted.
- 34. The battery was replaced in upstairs level smoke detector. The smoke detector was tested and is working.
- 35. A Carbon monoxide detector was observed working in the basement level of home.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NO CAP Required

Signature: 
(OEC Representative)
Print Name: Stef A. Russo

Signature: 
(Person in Charge)
Print Name: Badria