

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: West Haven Community Home Date: 11/18/21 Time: 2:56pm  
Location Address: 227 Elm St West Haven Telephone #: 203-934-5221  
e-mail address: Chris.mazzacane@wchcommunityhome.org License #: 12620 Expiration Date: 4/30/25  
Capacity: 80 # of Children Present: — # of Staff Present: —

**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 NA

Purpose of visit: revision to inspection dated 11/17/21

**Observations/Corrections needed:**

- #37 was in compliance at time of inspection  
#38 should have been circled as a violation  
instead of #37.
- Please see attached corrected inspection report  
and keep for your records

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: 12/1/21

Signature: [Signature]  
(OEC Representative)  
Print Name: Fi Montanye  
Signature: Sent via Email  
(Person in Charge)  
Print Name: Sent via Email

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>West Haven Community House</u>	License Number: <u>12620</u>	Date of Inspection: <u>11/17/12</u>	Time of Arrival: <u>7:55 am</u>
Address: <u>227 Elm St</u>	Expiration Date: <u>4/30/25</u>	Licensed Capacity: <u>80</u>	Under 3 Capacity: <u>0</u>
Town: <u>West Haven 06516</u>	Telephone: <u>203-934-5221</u>	# of children present: <u>13</u>	# of staff present: <u>8+</u>
Operator: <u>West Haven Community House</u>	Director: <u>Abel Padro / Chris Mazzacane</u>	Head Teachers: <u>Sandy Santana</u>	
Email: <u>Association Inc</u> <u>chris.mazzacane@whcommunityhouse.org</u>	Head Teachers:	Summer Care: <u>closed</u>	
Hours of Operation: <u>7:00am - 5:30pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>3yrs - 5yrs</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 8/8/18

**Administration 19a-79-3a**

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: 7/7/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: exp. 9/1/22
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 2/17/14 Results: 1.8

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	√ 6/4/21	√ 10/27/21
Health	√ 6/24/21	√ 7/8/21
Social Service	√ 6/21/21	√ 8/2/20
Dental	√ 6/24/21	√ 10/1/20
Dietitian	√ 6/29/21	√ 9/2/20

27. Logs/Visits Documented

**Swimming: (Y/N)**

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
- Water Supply Public/Well
- 49. Lead Water Test Date: 1/20/21
- Bacterial/Chemical Test (Y/N) Date: -
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <u>Fil Montanue</u>	Written Corrective Action Plan Due to OEC by: <u>12/1/21</u>	Signature of Person in Charge: <u>C. Mazzacane</u>
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Print name: Fil Montanue

Print name: C. Mazzacane

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Haven Community House License # 12620 Date: 11/17/21  
Head Start I

Observations/Corrections needed:

- #1 current local health not observed
- #37 observed notation on child's physical with chronic illness and no care plan for child on site
- #65 observed vents unclean in bathroom in 1100A and 1100B  
observed vent in bathroom for 1100B not operating
- #69 observed vents in ceiling of classroom 1100B with dust build up.
- #74 lighting in classroom 1100B by computer observed to be below 50 candle foot (3<sup>5</sup>)

Discussion

- program is in compliance with vaccine requirements per operator's order
- BCSIC and Background check discussed
- Observed ripped screens on window in classroom 1100A in back corner by bench.
- notification of change to licensing when changes occur

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Signature: Fil Montanye  
(OEC Representative)  
Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/1/21

Signature: C. Marzaccare  
(Person in Charge)  
Print Name: C. Marzaccare