

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bernadette Ngoh Date: 11/17/21 Time: 9:30am

Location Address: 215 York St. West Haven, CT 06516 Telephone #: 203-218-5153

e-mail address: trustedcare01@gmail.com License #: 56221 Expiration Date: 10/30/24

Capacity: 6+3 # of Children Present: 1 # 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 <u>[Signature]</u>
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Purpose of visit: Complaint Investigation Case #2021-795

Observations/Corrections needed:

(S) 19a-87b-10(c) - Provider failed to ^(SP) apply comply with the mask wearing requirement in accordance with the governor's executive order when staff observed with no mask and provider observed with no mask.

(NS) 19a-87b-9(b) Requirements for Physical Environment - Freedom from hazards - Insufficient evidence to support that the outdoor area is unsafe.

(NS) 19a-87b-10(g) Responsibilities of the provider and substitute Diaper changing - Insufficient evidence that the provider failed to change diapers.

(S) 19a-87b-10(i) Responsibilities of the provider and substitute - Supervision - Provider's substitute failed to be outdoors with all children when she was observed outside and child was inside without approved staff supervising.

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: [Signature]
(OEC Representative)
Stephanie Pia

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/11/2021

Signature: [Signature]
(Person in Charge)

BERNADETTE NGOH