

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bernadette Ngoh Date: 11/29/21 Time: 1:00 pm

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

e-mail address: ngoh.trust@care01@gmail.com License #: 56221 Expiration Date: 11/30/2024

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>Bernadette Ngoh</u>
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Purpose of visit: Follow up - Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at the time of the 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.

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

Signature: [Signature]
(OEC Representative)

Signature: [Signature]
(Person in Charge)

BERNADETTE NGOH