

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Haven Child Development Center Date: 3/23/22 Time: 11:15am

Location Address: 201 Nobel St. West Haven 06516 Telephone #: 203-932-2989

e-mail address: westh@snet.net License #: 13368 Expiration Date: 12/31/24

Capacity: 132 # of Children Present: 98 # of Staff Present: 23+

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>NA</u>
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Purpose of visit: follow up to 3/18/22 inspection

Observations/Corrections needed:

#6 - supervision policy followed at this visit

19a-79-4a (D): supervision in compliance at this 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: NA

Signature: [Signature]
(OEC Representative)

Print Name: Fil Montagne

Signature: [Signature]
(Person in Charge)

Print Name: P. Beauchemin, RW