

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bernadette Ngoh Date: 9/8/23 Time: 9:45
Location Address: 215 York St., West Haven Telephone #: 203-218-5153
e-mail address: trustedcare01@gmail.com License #: 56221 Expiration Date: 11/30/25
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1 Bernadette Ngoh

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 to 8/15/23 (6/23/23 full)

Observations/Corrections needed:
Follow up to observe capacity & supervision
compliance. (#4 & 81)

Observed compliance with supervision
and capacity at the time of
inspection.

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: Linda Moylen
(OEC Representative)
Print Name: Linda Moylen
Signature: Bernadette Ngoh
(Person in Charge)
Print Name: BERNADETTE NGOH