

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dellon Singh Date: 11/3/23 Time: 9:15
Location Address: 1 Simos Lane, W. Haven Telephone #: 203-393-8137
e-mail address: dellon75@gmail.com License #: 57567 Expiration Date: 11/30/25
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature: <u>Dellon Singh</u>
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Purpose of visit: Follow up to 10/11/23 full.

Observations/Corrections needed:

Follow up to check CAP items crib safety,
(2) Adult household member not complete in
BCEIS.
23- Observed compliant.
50- observed complete/compliant.
54- observed current/compliant.
74- observed compliant.
78- Discussed-compliant.
*102- pending
103- pending Expired meds returned/compliant
*100- pending
94- pending - Observed complete.
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: Linda Maylan
(OEC Representative)
Signature: Dellon Singh
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/17/23