

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: Susan Threet-Rakem Date: 11/27/23 Time: 9:30

Location Address: 87 Norfolk St., West Haven Telephone #: 203-932-3089

e-mail address: rahemd@me@yahoo.com License #: 48128 Expiration Date: 5/3/25

Capacity: 673 # of Children Present: 1 # of Staff Present: 1

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 [Signature]

Purpose of visit: Follow up to 11/8/23 full.

Observations/Corrections needed:

Check CAP items.

24 - Paint on door Observed door removed.

56 - Emergency permission - observed compliant

68 - Cribs - Observed mattress compliant.

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)

Linda Moykan

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

Signature: [Signature]
(Person in Charge)
SUSAN T. RAKEM