

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gateway Comm. College Early Learning Center Date: 11/13/24 Time: 9:54M

Location Address: 20 Church St. New Haven, CT. 06510 Telephone #: 203-275-2132

e-mail address: carmelita.valencia-daye@ctstate.edu License #: 12735 Expiration Date: 10/31/25

Capacity: 63(23) # of Children Present: 31(803) # of Staff Present: 9

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 9/26/24 full inspection

Observations/Corrections needed:

19a-79-4(a)(1): observed 1 expired staff physical

19a-79-4(a)(i): observed social service consultant agreement to be more than 1 year old

19a-79-4(a)(i)(2)(A): observed annual review of policies/procedures/plans by social service and health consultants to be more than 1 year old

19a-79-5(a)(2)(E): observed no parent and staff signatures on Epi-pen/Benadryl care plans and no staff signatures on Allergol care plan in E106

19a-79-9(a)(3)(B)(xii): observed parent section of Epi-pen and Allergol authorizations not completed by parent in E106

19a-79-10(i)(1)(2)(A): observed last logged health consultant visit dated 11/1/24. observed log to be incomplete

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)

Print Name: PRODETT L. MORRIS

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/2/24

Signature: [Signature]
(Person in Charge)

Print Name: Carmelita Valencia-Daye