

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Haven CDC Date: 2/11/25 Time: 12:30 PM

Location Address: 201 Noble St. West Haven Telephone #: 203 932 2939

e-mail address: Westh@jnet.net License #: 13368 Expiration Date: 12/31/28

Capacity: 132/48 # of Children Present: 116/38 # 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>N/A</u>
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Purpose of visit: Self report case 2025-118

Observations/Corrections needed:

S 19a-79-3a(a) - Ensuring the health, safety and development of children. - The program failed to ensure the health and safety of a child when she was able to get a hold of another child's milk and she has a severe milk allergy.

NS 19a-4a(d)(4)(D) - Supervision - No evidence that staff were not adequately supervising a child with allergies when she grabbed another child's cup of milk.

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: 2/25/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: refused to sign
(Person in Charge)

Print Name: _____