

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Smart Start Preschool + Learning Center Date: 2/28/25 Time: 12:25

Location Address: 4133 Whitney Ave Hamden Telephone #: 203 660-7158

e-mail address: thesmartstartpreschool@gmail.com License #: 16844 Expiration Date: 9/30/26

Capacity: 58/32 # of Children Present: 32/11 # of Staff Present: 8

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Follow-up for investigation 2025-120 on 2/19/25

Observations/Corrections needed:

- (S) 19a-79-10(g) Safe sleep - two sheets in infant room cribs were not tight fitting. Two others were snug fitting.
- (NS) Torn mattress was moved out of crib used by child.

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: 3/14/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Natasha Mendes
(Person in Charge)
Print Name: Natasha Mendes