

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Haven Community House II Date: 4/4/25 Time: 12:15

Location Address: 227 Elm St. West Haven Telephone #: 203 934-5221

e-mail address: chrismazzacane@whcommunityhouse.org License #: 12628 Expiration Date: 4/30/29

Capacity: 80 # of Children Present: 108-34 # of Staff Present: 17-5 = 12  
74

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: Investigation 2025-319, self-report

**Observations/Corrections needed:**

(S) 19a-79-3a(d)(5)(E) Supervision at bathroom policy implemented - Operator was not in compliance with bathroom supervision when staff did not stand at bathroom door to monitor children during scheduled bathroom times. Children found in bathroom unsupervised and tickling one another.

(NS) 19a-79-3a(b)(6) Orientation/annual policy review - observed evidence of staff being trained on policies within the year.

(S) 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: 4/18/2025

Signature: Karen Hillis  
(OEC Representative)

Print Name: Karen Hillis

Signature: \_\_\_\_\_

Print Name: Albalis Perrozo  
(Person in Charge)