

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: 4/3/25 Time: 11:15

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: 35/13 # of Staff Present: 7

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow-up #2 for case 2025-120

Observations/Corrections needed:

(NS) 19a-79-10(g)(1) Safe sleep - operator in compliance with tight fitting crib sheets and mattresses in good repair.

Discussed with staff in room that boppy pillows observed in cribs need to be removed when children go down to sleep.

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: N/A

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Nadarya Leopold-Ford
(Person in Charge)
Print Name: Nadarya Leopold-Ford