

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Aaliyah Bernard Date: 5/29/25 Time: 9:15 am
Location Address: 52 Sorenson Road Telephone #: 914-317-9837
West Haven, CT. 06516
e-mail address: youngleadersdaycare@gmail.com License #: pending Expiration Date: pending
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1 Applicant Provider

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: A follow-up from Initial Inspection on 5/13/25

Observations/Corrections needed:

29. ~~The~~ The second exit (window) in the daycare room measured 24 inches in width and 43 inches in length. The daycare room has 2 sufficient exits that are readily accessible.

31. A 4 foot fenced in area was added to the outdoor play space, barring access to the stairs in the front of house close to the outdoor playspace.

39. The ~~play~~ play space outside in front yard was fenced 4 ft. barring access to the road. The outdoor playspace is protected from traffic.

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: No cap required

Signature: [Signature]
(OEC Representative)
Print Name: Stef A. Russo
Signature: [Signature]
(Person in Charge)
Print Name: Aaliyah Bernard