

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Delphine McDonald Date: 7/14/25 Time: 1:00pm
Location Address: 208 Platt Avenue Telephone #: 203-214-4591
West Haven, CT. 06516
e-mail address: DSPRINGBREEZE@YAHOO.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: D. McDonald

Purpose of visit: Follow-up From Initial Inspection on 7/1/25

Observations/Corrections needed:

23. The applicant provider added a completely gated & fenced outdoor playspace barring access to the deck stairs. The metal gates are 29 inches, ^{with} fencing. The applicant provider fixed the lock on the door ^{latch} to the outdoor backyard fencing and ^{added an} additional bolt lock to the bottom of the door. The side street is no longer accessible.

36. A 5lb ABC fire extinguisher was observed on site and mounted.

The main level and upstairs level of the ^{detached} playroom will be used during day care hours only. The providers primary residence will not be used during day care. A kitchenette area was observed on site.

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 requ. ed

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