

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little White House Learning Center Date: 11/4/25 Time: 9:00am
Location Address: 69 Woodmont Rd Milford Telephone #: 203-877-5167
e-mail address: linda@lwhdaycare.com License #: 15284 Expiration Date: 7/31/29
Capacity: 162 # of Children Present: 89 # of Staff Present: 30

Consent to Inspect Family Child Care Home 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 _____

Purpose of visit: follow up to inspection dated 7/1/25

Observations/Corrections needed:

#119 under 3 group size in compliance at this visit

#120 - outdoor barriers in compliance at this visit

#130 safe sleep (g)(4) NO swaddling - safe sleep & (PM) in compliance at this visit

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: NA

Signature: [Signature]
(OEC Representative)
Print Name: Al Montanye
Signature: [Signature]
(Person in Charge)
Print Name: Linda Ferranti