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

**Connecticut Office of Early Childhood**
**Division of Licensing**
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The West School - Simsbury Date: 4/9/24 Time: 2 1P PM

Location Address: 30 Hopmeadow Street - Weatogue Telephone #: 860-308-1908

e-mail address: simsbury@thewestschool.com License #: 70843 Expiration Date: 7/31/29

Capacity: 247/106 # of Children Present: 153/56 # of Staff Present: 25

| | |
|---|---|
| ***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: Self-Report 2026-345

Observations/Corrections needed:

19a-79-3a(a)(1) Administration - Ensuring health & safety of children

(S) Program failed to ensure the health & safety of children when an infant was fed the wrong bottle that belongs to another infant. The incident occurred while OEC representative was on the license premise conducting another investigation

19a-79-3a(a)(3)(B) Record Keeping - Parent Notification

(NS) Program in compliance when program staff contacted both parents immediately after the incident.

**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: 4/23/24

Signature: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente Quiñones

Signature: Tomlinson
(Person in Charge)
Print Name: Tracey Tomlinson