

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Shelta Wilson	License Number: OCEH, 52675	Date of Inspection: 8/19/2021
Address: 22 Ramsdell Street	Expiration Date: 5/31/2022	Time of Inspection: 10:25
Town: New Haven	Capacity: 6+3	Days/Hours: 24/7
State/Zip Code: CT 06515	Telephone: 203-850-3011	Summer: Open/Closed
	Email: shelta1234@gmail.com	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found NA = Not applicable at this time

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Shelta Wilson
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: _____
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: _____
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 5/9/2022
- 14. First Aid Certificate-Exp. Date 8/29/2022
- 15. CPR Certificate- Exp. Date 8/29/2022
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 Indoor _____ Outdoor
- 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) -Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited


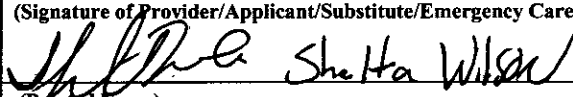
Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Donna B. Zowerton</i>	Date Corrections Due By: 8/23/2021	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Shelta Wilson</i>
(Printed Name) Donna B. Zowerton		(Printed Name) Shelta Wilson

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Shelta Wilson</u>	License Number: <u>52675</u>	Date of Inspection: <u>8/1/2021</u>
Responsibilities of Provider 19a-87b-10 (continued) <input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input type="checkbox"/> 72. Infants Placed on Back for Sleeping <input type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input type="checkbox"/> 75. Infants not Swaddled <input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input type="checkbox"/> 79. Parent Information and Access <input type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input type="checkbox"/> 84. Immediate Attention <input type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input type="checkbox"/> 88. Child Protection: Abuse/Neglect <input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF Sick Child Care 19a-87b-11 <input type="checkbox"/> 91. Sick Child Care Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	Office Access, Inspections and Investigations 19a-87b-13 <input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input type="checkbox"/> 101. MAR Maintained <input type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input type="checkbox"/> 103. Unused/Expired Prescription Meds <input type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input type="checkbox"/> 105. Self-Administration of Meds <input type="checkbox"/> 106. Petition for Special Medication Authorization <input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input type="checkbox"/> 113. Parent Notification of Test Results Additional Violations <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
Discussions/Comments: Discussed: Air conditioner cord dangling down hall - corrected during walk through - other hazards corrected. #24 Harmful substances accessible on bathroom sink (air spray, mouthwash + toothpaste, perfume spray on lower shelf bedrooms accessible as doors open #31 Stairs - lock to stairs not locked / stairs accessible #53 Enrollment schedules not updated, & missing work info not signed #54 Child health forms not updated, #55 Immunizations not updated		
APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative)  (Printed Name) Donna B Zawerton	Date Corrections Due By: <u>8/23/2021</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Shelta Wilson

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shelta Wilson Date: 8/19/2021 Time: 10:25
Location Address: 22 Ramsdell Street Telephone #: 203-850-3011
e-mail address: shelta1234@gmail.com License #: 52675 Expiration Date: 5/31/2022
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

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: Follow-up

Observations/Corrections needed:

- 69 Individual Care Plan not available
- 72 Separate Bed is not available for night care

Discussed: Full attention, medication certificate needs signature of instructor and expiration dates, when child attends requiring an epi pen - medication, written permission and care plan needed. Send copy.

Corrective Action Plan from 1st inspection to be corrected and resent.

Water temperature not tested at time of inspection other items corrected.

Items not checked, not reviewed at inspection

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: 8/23/2021

Signature: [Signature]
(OEC Representative)
Print Name: Donna B. Ziegenfuss
Signature: [Signature]
(Person in Charge)
Print Name: Shelta W. Wilson