

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

☐ INITIAL ☒ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Provider: Swetabehen Hah		License Number: 50767 Expiration Date: 3/31/24		Date of Inspection: 11/15/21 Time of Inspection: 11AM	
Address: 16 Windermere Village Rd Ellington		Capacity: 603		Days/Hours: M-F 8AM-6PM	
Town: Ellington		Telephone: 860 841 6774		Summer: Open/Closed	
State/Zip Code: CT 06029		Email: shanswetaaa@yahoo.com			
Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = 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). S. A. Shah Signature of Provider/Applicant/Substitute/Emergency Caregiver					
Terms of License 19a-87b-5		☒ 4. Capacity: Total # Children Present: <u>5</u> ☒ 5. Nontransferability of License ☒ 6. Infant/Toddler Restriction- # Present: <u>1</u> ☒ 7. License Posted ☒ 8. Parent Access to OEC Phone Number ☒ 9. Photo ID ☒ 10. Requests for Information ☒ 11. Notification of Change ☒ 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 _____			
Qualifications of Applicant and Provider 19a-87b-6		☒ 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: <u>1 dog</u> Rabies Certificate(s) ☒ 52. Smoking Prohibited			
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		Responsibilities of Provider 19a-87b-10			
☒ 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		☒ 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 <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.					
(Signature of OEC Representative) [Signature]		Date Corrections Due By: 11/29/21		(Signature of Provider/Applicant/Substitute/Emergency Caregiver) S. A. Shah	
(Printed Name) K. Feilerman				(Printed Name) Sweta A. Shah	

Connecticut Office of Early Childhood
Division of Licensing
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Swetabahan Shah</u>		License Number: <u>56767</u>	Date of Inspection: <u>11/15/21</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> ☒ 67. Personal Articles: Blanket/Towel/Toilet Articles ☒ 68. Proper Rest Provisions/Safe Cribs ☒ 69. Individual Plan for Care (Written if Applicable) ☒ 70. Cultural Differences/Special Needs/Dev. Appr. Activities ☒ 71. Infant Care- Individual Attention/Held for Bottle Feedings ☒ 72. Infants Placed on Back for Sleeping ☒ 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet ☒ 74. Crib or other Provision Free from Observable Hazards ☒ 75. Infants not Swaddled ☒ 76. Infants Supervised- observed minimum every 15 minutes ☒ 77. Req. for Sleep Arrangements Posted/Discussed ☒ 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. ☒ 79. Parent Information and Access ☒ 80. Developmental Milestones-Posted ☒ 81. Supervision-At all Times- Indoors/Outdoors ☒ 82. Personal Schedule-Alert/Competent Attention ☒ 83. Full Attention-Distractions/Employment/Socialization ☒ 84. Immediate Attention ☒ 85. Substitute/Emergency Caregiver Present ☒ 86. Appropriate Discipline/Behavior Management ☒ 87. Discuss Behavior Management Methods w/Staff/Parents ☒ 88. Child Protection: Abuse/Neglect ☒ 89. Notify OEC within 24 hrs.: Death/Serious Injury ☒ 90. Mandated Reporting of Abuse/Neglect to DCF		<u>Office Access, Inspections and Investigations 19a-87b-13</u> ☒ 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> ☒ 94. Policies and Procedures for Admin of Meds ☒ 95. Parent Permission for Nonprescription Topical Meds ☒ 96. Notification and Documentation of Medication Error(s) ☒ 97. Nonprescription Topical Meds - Stored/Labeled ☒ 98. Unused/Expired Nonprescription Meds ☒ 99. Documented Medication Trained Staff ☒ 100. Written Authorized Prescriber/Parent Permission ☒ 101. MAR Maintained ☒ 102. Prescription Meds - Stored/Labeled ☒ 103. Unused/Expired Prescription Meds ☒ 104. Emergency Meds - Equip Labeled/Current ☒ 105. Self-Administration of Meds ☒ 106. Petition for Special Medication Authorization ☒ 108. Policies for Finger Stick Blood Glucose Testing ☒ 109. Finger Stick Blood Glucose Testing - Staff Trained ☒ 110. Self Admin of Finger Stick Blood Glucose Testing ☒ 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed ☒ 112. Finger Stick Blood Glucose Testing Records ☒ 113. Parent Notification of Test Results	
<u>Sick Child Care 19a-87b-11</u> ☒ 91. Sick Child Care <u>Night Care 19a-87b-12 (Y/N)</u> (10pm to 5am) ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear		<u>Additional Violations</u> ☒ 114. Consent Order/Negotiated Corrective Action Plan	
<u>Discussions/Comments:</u> <u>Stairs protected. Need CPR Mouth barrier for first aid supplies.</u> <u>21- Background checks not submitted within the last 5 years</u> <u>32- Emergency plan not available</u> <u>33- written drills not available</u> <u>60- Incident logs missing for 3 children</u> <u>77- Reg for sleep arrangements not posted</u>			
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(Signature of OEC Representative) <u>[Signature]</u> (Printed Name) <u>K Killerman</u>		Date Corrections Due By: <u>11/29/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>[Signature]</u> (Printed Name) <u>Sweta A. Shah</u>