

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shirley Winston Date: 7/12/2022 Time: 3:45
Location Address: 1897 Chapel Street, New Haven Telephone #: 203-397-3119
e-mail address: shirleywinston57@yahoo.com License #: 32024 Expiration Date: 3/31/2026
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**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

Shirley Winston

Purpose of visit: Follow-up

Observations/Corrections needed:

- First Aid and CPR certificate completed - expiration 12/12/2023 ~~2024~~
- Hazards - Heaters Covered and Protected
- Enrollment updated on new forms
- Discussed ⁽²⁹⁾ 2nd exit from back room to be cleared out more for direct access outside - window accessible from play area
- ~~(97)~~ Medication to be kept on site when children present after Provider is trained (medication administration ~~training~~ ^{expired})
- ~~(98)~~ If medication not needed at daycare, Note from doctor can be obtained and on file.
- ~~(99)~~ Medication Authorization not signed by parents

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: 7/26/2022

Signature: *Donna B Zawentz*
(OEC Representative)
Print Name: Donna B Zawentz
Signature: *Shirley Winston*
(Person in Charge)
Print Name: _____