

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Shelta Wilson Date: 9/19/2007 Time: 2:09

Location Address: 22 Ramsdell Street, New Haven Telephone #: 203-850-3011

e-mail address: shelta1234@gmail.com License #: 52675 Expiration Date: 5/21/2008

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1 (Shelta Wilson)

<b>Consent to Inspect Family Child Care Home</b>	<i>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</i>
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*see above*

Purpose of visit: Follow-up for Access + Safe Sleep

Observations/Corrections needed:

19a-87b-13a Immediate access not granted. Locked closet open for access

19a-87b-10e Observed Infant 9 months old placed in car seat with bottle - not held.

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: Immediately

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