

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Community Day Care Date: 6.12.23 Time: 11:37

Location Address: 80 Wharton Brook Dr. Wallingford Telephone #: 203.294-4176

e-mail address: Wallingforddaycare@gmail.com License #: 14175 Expiration Date: 2.28.25

Capacity: 135/32 # of Children Present: 62 # of Staff Present: 201

|  |   |
|--|---|
| <b>Consent to Inspect<br/>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.<br/>Provider/Applicant/Substitute's Signature</i> |
|--|---|

Purpose of visit: Follow-up to Inspection dated 4.6.23

#### Observations/Corrections needed:

- OK #186 observed BCIS roster to be current and complete
- OK #25 observed current and correct CPR training certificates
- OK #26 observed current consultant agreements for Dental, Social service and dietitian consultants
- OK #27 observed current logs for health, dental, social services and dietitian consultants
- OK #43 observed staff and children washing hands before and after diapering.
- S #69 observed door and door trim to bathroom in school age 2 class to be soiled and unclean.  
- observed hole in wall to be repaired
- S #74 observed lighting in room 2, over table where children were eating and used for close work to measure 35 candle feet.

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: 6.25.23

Signature: Jennifer Serra  
(OEC Representative)

Print Name: Jenny Serra

Signature: Tamarah Smith  
(Person in Charge)

Print Name: Tamarah Smith

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Community Day <sup>Care</sup> License # 14175 Date: 6/12/23

Observations/Corrections needed:

OK #100 observed topical to be stored in a manner not accessible to the children, locked under the changing table.

#103 observed medication stored in a locked box in a locked cabinet.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennife Serra  
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tamara Smith

(Person in Charge)

OEC BY: 6-26-23

Print Name: Tamara Smith