

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shirley Winston Date: 6/16/2023 Time: 12:30

Location Address: 1897 Chapel Street, New Haven Telephone #: 203-494-6170

e-mail address: shirleywinston57@yahoo.com License #: 32024 Expiration Date: 3/26/2026

Capacity: 6+3 # of Children Present: 6 # 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: <u>Shirley Winston</u>
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Purpose of visit: Follow-up for CAP

Observations/Corrections needed:

Obtained Corrective Action Plan at inspection
Obtained New Household Medical and Notification
of change.
19a-87b-8a #21 Background check not obtained for
new household member. Left information on
obtaining a background check.
19a-87b-9c #68 Children's Needs & Proper Rest - observed 2 children napping on
Discussed: - Injectable medical training will be ^{floor.}
due Sept 2027
- Fire Drill needs to be practiced and documented
this month (June 2023) to maintain quarterly drills
- Arranging play equipment for easier access
by children

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: 6/30/2023

Signature: [Signature]
(OEC Representative)
Print Name: Debra Lawson
Signature: [Signature]
(Person in Charge)
Print Name: Shirley Winston