

Provider: Shari Ives UNINSPECTED FULL/PARTIAL FOLLOW UP LOCAL
 Address: 413 Stonegate Circle License Number: 570
 Town: Branford Expiration Date: 7/31/14
 State/Zip Code: CT, 06405 Capacity: 6+3
 Telephone: 203 488 8000
 Email: shari.ives

Instructions: = Compliance/No violation found = Non-compliance/Violation found
 Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and home inspections as required by Regulations Section 19a-87b-5(h).
 Signature of Provider: [Signature]

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 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 Super
- 31. Stairways: Prote
- 32. Emergency Plan
- 33. Emergency Evac
- 34. Smoke Detector:
- 35. Carbon Monoxi
- 36. Fire Extinguish
- 37. Auxiliary Heati
- 38. Safe Storage of
- 39. Safe Space - Su

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 3/20/20
- 14. First Aid Certificate-Exp. Date 3/22/25
- 15. CPR Certificate- Exp. Date 3/22/25
- 16. Judgment

- 40. Body of Water
- 41. Hot Tubs- Loc
- 42. Ventilation/Lig
- 43. Window Safety
- 44. Washing/Toilet
- 45. Adequate and
- 46. Water Temper
- 47. Pasteurization
- 48. Working Telep
- 49. Safe Transpor
- 50. First Aid Supp
- 51. Pets: (Y/N) -T
- 52. Smoking Prof

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

Responsibilities of I

- 53. Enrollment F
- 54. Child Health
- 55. Immunization
- 56. Emergency P
- 57. Authorized R
- 58. Field Trips/T
- 59. Swimming P
- 60. Incident Log
- 61. Confidentiali
- 62. Meeting the
- 63. Sufficient Pl
- 64. Good Nutrit
- 65. Handwashin
- 66. Flexible and

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 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

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met a

(Signature of OEC Representative) <u>[Signature]</u>	Date Corrections Due By: <u>No cap required</u>	(Signature of Pr <u>[Signature]</u>)
(Printed Name) <u>BFA PW SSO</u>		(Printed Name)



