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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Swetabahen Shah Date: 9/21/23 Time: 12:57pm.

Location Address: 16 Windermere Village Rd. Ellington Telephone #: 860-841-6474

e-mail address: shahswetaa@yahoo.com License #: 5767 Expiration Date: 3/31/24

Capacity: 6+3 # of Children Present: 5 # 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*** _____

Purpose of visit: Follow-up for Safe Space. plus Change

Observations/Corrections needed:

In compliance at the time of this visit.

Provider is using her front yard by the garage and driveway as outdoor play area. Same area stated on 10/12/16 inspection. Provider will also be using one side of garage to keep sand box for kids. (Front part of garage closest to driveway.

→ Discussed ensuring the car parked on the other side is always kept locked and no tools and/or harmful substances are ~~available~~ accessible at ground level or low.

Provider lives on a private road / 10 miles/hr speed limit. May start using front yard/driveway side, plus empty area of garage.

→ Discussed notifying changes within five (5) days, to the Office. (OEC). and reviewed basement supervision.

Provider is moving her toys to the front / garage (store them)

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: N/A

Signature: Carmen Elisa Valenzuela.
(OEC Representative)
Print Name: Carmen E. Valenzuela.

Signature: S. Shah
(Person in Charge)
Print Name: Sweta A Shah