

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shelta Wilson Date: 12/2/23 Time: 9:20

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

e-mail address: shelta1234@gmail.com License #: 52475 Expiration Date: 5/31/28

Capacity: 4+3 # of Children Present: 3 # 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>Shelta Wilson</u>
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Purpose of visit: Follow up to 10/2/23 full inspection.

Observations/Corrections needed:

Check CAP items for compliance.

7- License posted - observed.

23- Hazards- Observed compliant. Rosts pending removal from landlord.

24- Observed covered/compliant.

28- Outlets observed covered.

50- Observed first aid kit compliant.

53- Observed- discussed children that withdraw / re-enroll.

54- Observed compliant. 55- compliant. 57- Compliant.

74- Discussed / compliant.

78- Compliant.

30, 31, 32, 36, Compliant.

(46) - Water temp 142° (120° required to be below).

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: 1/4/24

Signature: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Shelta Wilson
(Person in Charge)

Print Name: Shelta Wilson