



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SHARIFAH SMITH		License Number	DCFH.57840	Date of Inspection	02/08/2024
			Expiration Date	5/31/2027	Time of Inspection	12:43 PM
Address	29 SUMMER ST APT 1 NEW LONDON CT 06320-3530		Telephone	(347) 258-8136	Regular Capacity	6
			Days and Hours	M-F 6AM - 9:30PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up to 2/1/24 inspection			Name of Inspector	Evelyn Vicente-Quinones	
Provider's Email	sherifahsmith3@gmail.com			Inspector's Email	evelyn.vicente-quinones@ct.gov	

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-10(b)(2)]	054-Child Health Record	Failed to maintain child health record(s) provider stated she spoke with parent and parent indicated she will be bringing provider the health record as soon as the physician provides it and prior to children returning.
[19a-87b-10(b)(3)(B)]	056-Emergency Permission Form	Failed to maintain complete emergency care information; provider stated she spoke with parent and parent indicated she will be providing required documentation prior to children returning.
[19a-87b-10(b)(3)(A)]	057-Authorized Release	Failed to maintain complete written parent permission to authorize removal of child(ren) provider stated she spoke with parent and parent indicated she will be providing required documentation prior to children returning.
[19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	058-Field Trip and Transportation Permission	Failed to maintain complete written parent permission for transitioning children to/from school provider stated she spoke with parent and parent indicated she will be providing required documentation prior to children returning.

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(b)]	023-Freedom of Hazards	Provider is in compliance with previously cited items; screws protruding from door jam has been removed; no hazards observed at today's visit.
[19a-87b-9(d)(5)]	032-Emergency Plan	Provider is in compliance with this previous citation; emergency plan has been completed and provider posted on her bulletin board.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Provider documented that she practiced the drill and will be doing again on 2/9/24

[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Provider is in compliance with this previous citation; she has purchased black plastic tweezers.
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	055-Immunizations	
[19a-87b-10(b)(3)(E)]	059-Swimming Permission	

YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

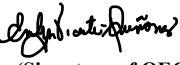
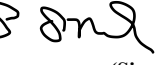
Discussions:

~ Discussed with provider children should have all required documentation on file prior to returning to child care
~ OEC specialist provided Potassium Iodide (KI) pills and permission forms; provided informational guide on when/how to use if case of a declared emergency by the Governor at the Millstone Plant.

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 02/22/2024	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		SHARIFAH SMITH (Printed Name)