



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	SHELTA D WILSON			<b>License Number</b>	DCFH.52675	<b>Date of Inspection</b>	03/14/2024
				<b>Expiration Date</b>	5/31/2026	<b>Time of Inspection</b>	10:21 AM
<b>Address</b>	22 RAMSDELL ST NEW HAVEN CT 06515-1616			<b>Telephone</b>	(203) 850-3011	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY, 6:00 AM - 6:00 PM, 24/7 Avail	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Partial to confirm compliance with safe sleep and supervision.			<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	shelta1234@gmail.com			<b>Inspector's Email</b>	linda.moylan@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
[-]	000 No Violations	No violations were cited during this inspection

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<b>Other Findings-In Compliance</b>		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(d)(4)(A)]	030-Basement Supervision	
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	
[19a-87b-10(i)]	081-Supervision-At All Times, Indoors/Outdoors	

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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Portacrib downstairs is daughter's doll crib, provider stated not used for enrolled in infants / children.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Linda Johnson Moylan (Printed Name)	Linda Johnson Moylan (Printed Name)		SHELTA D WILSON (Printed Name)