



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

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Email: oeclicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	SUSANNA WESLEY NURSERY SCHOOL				License Number	DCCC.13317	Date of Inspection	04/17/2024
					Expiration Date	5/31/2026	Time of Inspection	01:25 PM
Address	338 WALNUT TREE HILL RD SHELTON CT 06484-2038				Telephone	(203) 925-1076	Total Capacity	84
					Days and Hours	MONDAY-FRIDAY 9:00AM-5:30PM CLOSED AUGUST	Under Three Capacity	39
#Children Present	12	# Under 3 Present	0	# Staff Present	3	Summer Care	Open	
Purpose of Inspection	Follow up to full inspection on 3/13/24				Name of Inspector	Kristi Morgan		
Program's Email	susannawesley06484@gmail.com				Inspector's Email	kristi.morgan@ct.gov		

Violations

Statute and/or Regulation	Description	Comments
[19a-79-5a(a)(2)(A) through (E)and/or19a-79-6a(e)]	037-Child Health Records/Immunizations/TB	Failed to maintain immunization records for children. Two children observed not to have a flu shot.
[19a-79-5a(a)(2)(E)]	038-Individual Care Plan (Signed by Parent/Staff)	Failed to maintain complete individual care plans. Observed 1 individual care plan not signed by parent.
[19a-79-9a(b)(3) and/or 19a-79-9a(b)(4)]	102-Oral/Topical/Inhalant/Injectable Medications: Authorized Prescriber/Parent Permission/MAR	Failed to maintain complete written orders. Observed 1 medication administration form not signed by parent.

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Other Findings - In Compliance

Statute and/or Regulation	Description	Comments
[19a-79-2a(c)(7)]	001-Local Health Inspection	
[19a-79-3a]	001b-Administration-Ensuring the safety, health & development of children	
[19a-79-3a(d)(1)]	007-Daily Attendance Records: Children/Staff	
[19a-79-4a(a)(1) and/or 19a-79-4a(a)(2)]	016-Staff Health Records	

[19a-79-5a(a)(1)(D)(i)]	033-Emergency Medical Permission	
[19a-79-7a(e)(5)]	069-Walls/Ceilings/Floors/Rugs: Clean/Good Repair	
[19a-79-7a(e)(7)]	073-Emergency Numbers Posted	
[19a-79-7a(e)(10)]	076-Potentially Hazardous Substances Locked	



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

Discussions:

- Observed 1 lysol wipes unlocked but inaccessible.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Kristi Morgan (Printed Name)		05/01/2024	Roberta Cenci (Printed Name)