



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

|                       |                                                     |                           |   |                   |                          |                     |            |
|-----------------------|-----------------------------------------------------|---------------------------|---|-------------------|--------------------------|---------------------|------------|
| Provider              | SWETABAHEN SHAH                                     |                           |   | License Number    | DCFH.56767               | Date of Inspection  | 07/16/2024 |
|                       |                                                     |                           |   | Expiration Date   | 3/31/2028                | Time of Inspection  | 10:35 AM   |
| Address               | 16 WINDERMERE VILLAGE RD<br>ELLINGTON CT 06029-3839 |                           |   | Telephone         | (860) 841-6474           | Regular Capacity    | 6          |
|                       |                                                     |                           |   | Days and Hours    | M-F 8AM-6PM              | School Age Capacity | 3          |
| # Children Present    | 6                                                   | # Under 18 months present | 0 |                   |                          | Summer Care         | Open       |
| Purpose of Inspection | Follow-up for basement supervision.                 |                           |   | Name of Inspector | Carmen Valenzuela        |                     |            |
| Provider's Email      | shahswetaa@yahoo.com                                |                           |   | Inspector's Email | carmen.valenzuela@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).

S. A. Shah

Signature of Provider/Applicant/Substitute/Emergency Caregiver

### Regulatory Violations

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| Statute and/or Regulation: [-]                  | Description: 000 No Violations |
| No violations were cited during this inspection |                                |
| Statute and/or Regulation:                      | Description:                   |
|                                                 |                                |
| Statute and/or Regulation:                      | Description:                   |
|                                                 |                                |
| Statute and/or Regulation:                      | Description:                   |
|                                                 |                                |
| Statute and/or Regulation:                      | Description:                   |
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|-----------------------------------------------|---------------------------------------------|
| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
|                                               |                                             |
| Statute<br>and/or Regulation:                 | Description:                                |
|                                               |                                             |
| Other Findings-Regulations In Compliance      |                                             |
| Statute<br>and/or Regulation: [19a-87b-10(a)] | Description: 004-Capacity                   |
|                                               |                                             |
| Statute<br>and/or Regulation: [19a-87b-5(e)]  | Description: 006-Infant/Toddler Restriction |
|                                               |                                             |

|                                                                                                                                                                     |                                          |                                       |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Statute and/or Regulation: [19a-87b-9(d)(4)(A)]                                                                                                                     |                                          | Description: 030-Basement Supervision |                                                                                                                          |
| Provider stayed with children in the basement all time during this visit. Substitute present/second floor.                                                          |                                          |                                       |                                                                                                                          |
| Statute and/or Regulation:                                                                                                                                          |                                          | Description:                          |                                                                                                                          |
|                                                                                                                                                                     |                                          |                                       |                                                                                                                          |
| Statute and/or Regulation:                                                                                                                                          |                                          | Description:                          |                                                                                                                          |
|                                                                                                                                                                     |                                          |                                       |                                                                                                                          |
| Statute and/or Regulation:                                                                                                                                          |                                          | Description:                          |                                                                                                                          |
|                                                                                                                                                                     |                                          |                                       |                                                                                                                          |
| Statute and/or Regulation:                                                                                                                                          |                                          | Description:                          |                                                                                                                          |
|                                                                                                                                                                     |                                          |                                       |                                                                                                                          |
| YES/NO: No                                                                                                                                                          | WERE VIOLATIONS CITED DURING THIS VISIT? |                                       |                                                                                                                          |
| DISCUSSIONS/COMMENTS                                                                                                                                                |                                          |                                       |                                                                                                                          |
| CAP received during this visit.                                                                                                                                     |                                          |                                       |                                                                                                                          |
| NOTE: Items left blank on this form were not monitored during this visit.<br>Only the regulations marked as compliant or non-compliant were monitored or discussed. |                                          |                                       |                                                                                                                          |
| APPLICANTS: You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> a license has been issued by the Agency.                                     |                                          |                                       |                                                                                                                          |
| <br>(Signature of OEC Representative)                                             |                                          | DATE<br>CORRECTIONS<br>DUE BY:        | <br>(Signature of Person in Charge) |
| Carmen Valenzuela<br>(Printed Name)                                                                                                                                 |                                          |                                       | SWETABAHEN SHAH<br>(Printed Name)                                                                                        |