

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WHEE- Charter Oak School Date: 2/15/22 Time: 3:30

Location Address: 425 Oakwood Ave, West Htd Telephone #: (800) 929-5573

e-mail address: wheelco425@gmail.com License #: 12969 Expiration Date: 10/31/25

Capacity: 59 # of Children Present: 21 # of Staff Present: 5

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>NIA</u>
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Purpose of visit: supervision Partial

Observations/Corrections needed:

NO violations at this time.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: nig

Signature: AUGUST 1
(Person in Charge) Amanda Velletri