

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Community Day Care Date: 5.5.22 Time: 10:26

Location Address: 80 Wharton Brook Dr. Wallingford Telephone #: 203-294-4176

e-mail address: wallingforddaycare@gmail.com License #: 14175 Expiration Date: 3-28-25

Capacity: 135 # of Children Present: 68/27 # of Staff Present: 12+

Consent to Inspect Family Child Care Home	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. Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up to inspection visit dated 4.20.22

Observations/Corrections needed:

ok 19a.19.4a(c)(4)(D) supervision

observed appropriate supervision of all children during visit

Discussed

TWO B wall behind garbage can not yet painted
TWO B ceiling tile not yet replaced.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NR

Signature: Jen Sena
(OEC Representative)

Print Name: Jen Sena

Signature: _____
(Person in Charge)

Print Name: Tamara Smith