

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow Date: 8/2/22 Time: 8/2/22
Location Address: 1481 Highland Av. Cheshire Ct Telephone #: 203-699-9900
e-mail address: info@overtherainbowkids.com License #: 06410 16547 Expiration Date: 7/31/26
Capacity: 84 (48) # of Children Present: 40 (21) # of Staff Present: 8

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to inspection conducted on 8/1/22

Observations/Corrections needed:

Ma. 79-2a(d)(2)(B): Program made false statement when the program forged the Social Service Consultant signature on the agreement and forged the dates the Social Service Consultant reviewed the program policies and education programs

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: 8/16/22

Signature: [Signature]

(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]

(Person in Charge)

Print Name: Jame Moran