

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rainbow Center for Children and Families   Date: 8/15/22   Time: 8:45

Location Address: 80 Gordon St. Wethersfield Ct 06109   Telephone #: 860-529-5229

e-mail address: ccc80garden@msn.com   License #: 15618   Expiration Date: 9/30/25

Capacity: 53 (16↓)   # of Children Present: 15 (5↓)   # 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 <sup>to</sup> firm inspection conducted on 8/8/22  
Group size and barrier

Observations/Corrections needed:  
19a-79-10(c)(3) Group size: In Compliance at time  
of visit

19a-79-10(c)(4) Barrier: In Compliance at time  
of visit

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)

Print Name: Johanne Dabo

Signature: [Signature]  
(Person in Charge)

Print Name: Tracy Armentano