

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Great Beginnings - East St. Date: 11-2-22 Time: 7:30am

Location Address: 195 East St. Plainville Telephone #: 860-747-1679

e-mail address: gbeginnings@msn.com License #: 14165 Expiration Date: 1-31-25

Capacity: 106 # of Children Present: 35 # of Staff Present: 8

**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 _____

Purpose of visit: Follow-Up visit for Ratio & Background Checks

Observations/Corrections needed:

#110

Green room out of ratio when observed six children with one teacher and two children were 2.9 without written parent permission.

Yellow room out of ratio when observed five children with one teacher when four children were 2.9 without written parent permission.

Royal Blue out of ratio when I observed three children alone in a room. Teacher was in hallway coming back from children's bathroom.

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: 11-15-22

Signature: D. Wassenhore
(OEC Representative)

Print Name: Dianna Wassenhore

Signature: Karen C. Shackford
(Person in Charge)

Print Name: Karen C. Shackford