

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WHEE II @ Norfeldt School Date: 12/15/22 Time: 3:50

Location Address: 35 Barksdale Rd, West Hartford Telephone #: (800)233-0097

e-mail address: debrench@aol.com License #: 13141 Expiration Date: 2/28/26

Capacity: 60 # of Children Present: 45 # of Staff Present: 11

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>N/A</u>
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Purpose of visit: Follow-up to 11/7/22 (staffing)

Observations/Corrections needed:

18b. Background checks = OK ✓

19a-79-4a(c)(4)(D) - supervision - OK 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: 
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: 
(Person in Charge) Deborah Funke