

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WHEE II @ Norfeldt School Date: 3/2/23 Time: 3:45

Location Address: 35 Barksdale Rd, West Hartford Telephone #: (860) 233-0097

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

Capacity: 60 # of Children Present: 44 # of Staff Present: 8

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. Provider/Applicant/Substitute's Signature <u>NIA</u></i>
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Purpose of visit: Supervision Partial Inspection

Observations/Corrections needed:

19a-79-4a(c)(4)(D) - supervision - NO supervision concerns 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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NIA

Signature: 
(Person in Charge)