

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over The Rainbow Cheshire Date: 1/6/25 Time: 2pm
Location Address: 1481 Highland Avenue Cheshire, CT 06410 Telephone #: (203) 699-9900
e-mail address: info@overtherainbowkids.com License #: 16547 Expiration Date: 7-31-26
Capacity: 88 # of Children Present: 41 # of Staff Present: 10

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 _____
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Purpose of visit: Supervision (Naptime) Follow Up

Observations/Corrections needed:

NS = 19a-79-3a (d)(5)(A) Naptime Supervision

No violations at this visit.
Observed children with no blankets covering their heads

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: N/A

Signature: T. R. Roberts
(OEC Representative)
Print Name: Terril Roberts
Signature: Tammy Vertucci
(Person in Charge)
Print Name: Tammy Vertucci