

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Spring Glen Day Care Date: 3-21-25 Time: na

Location Address: 48 Waite St. Hamden 06517 Telephone #: 203-988-2206

e-mail address: malczyk_peter@outlook.com License #: _____ Expiration Date: 7-31-28

Capacity: 12 # of Children Present: na # of Staff Present: na

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 _____</i>
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Purpose of visit: Revision to Inspection report dated 3/19/25

Observations/Corrections needed:

#111(h)(3) Outdoor space, free from hazards:
During inspection observed green utility fencing to not be secure. The fencing support posts were observed to not be secure, and leaning into the play area. Support post ends angled into play area are accessible to children, posing a hazard. Fencing observed to be loose, posing a tripping hazard

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: 4-1-25

Signature: Jennifer Schube
(OEC Representative)
Print Name: Jen Schube
Signature: emailed to operator at
(Person in Charge)
Print Name: email address above.