

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow Date: 7/23/21 Time: 11:00

Location Address: 1481 Highland Ave. Cheshire Telephone #: 203 699 9900

e-mail address: info@overtherainbowkids.com License #: 16547 Expiration Date: 7/31/22

Capacity: 88/48 # of Children Present: 43 # of Staff Present: 11+

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Complaint Investigation Case 2021-432

Observations/Corrections needed:

⑤ 19a-79-3a(b)(8)(A) - Administration - Managing Child behaviors -
Staff inappropriately spoke/yelled at a child as a form of
discipline.

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: 8/16/21

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Carry Brickhouse