

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sleeping Giant Day Care Date: 10/22/21 Time: 9:45 am

Location Address: 11 Pine St. Hamden Telephone #: 203 776 5026

e-mail address: ereichard@juno.com License #: 13366 Expiration Date: 7/31/22

Capacity: 30 # of Children Present: 19 # of Staff Present: 5

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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>N/A</u>
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Purpose of visit: Complaint Investigation Case 2021-749

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when she unknowingly left the classroom and building and was seen outside by a staff member. Child was missing for less than one minute.

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: 11/5/21

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: Edie Reichard