

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home away from home Date: 11/17/22 Time: 12:45

Location Address: 188 Rocky Road Shelton Telephone #: (203) 216-6433

e-mail address: leatherehat@gmail.com License #: 70510 Expiration Date: 8/31/23

Capacity: 40 # of Children Present: 23 # of Staff Present: 7

**Consent to Inspect**  
**Family Child Care Home**

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 \_\_\_\_\_

Purpose of visit: Follow up Group Size 11/10/22 Inspection

Observations/Corrections needed:

Per toddler staff they are now going on playground at separate times and do not exceed group size of 8 - in compliance

violations ~~87~~ observed at visit

19a-79-10 (110) Ratio - During walk through observed toddler classroom with 4:0 ratio. Staff not in room. Children sleeping

19a-79-10 (113) Sinks not exclusive use in infant + toddler room. (Bottles, containers in sink)

XXXXXXXX -

Discussed: preschool class supervision - no lights on during naptime  
could not see children

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: 12/1/22

Signature: Jame Fortin  
(OEC Representative)  
Print Name: Jame Fortin

Signature: [Signature]  
(Person in Charge)  
Print Name: Louides Figueroa