

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home Date: 12/10/22 Time: 12:30

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

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

Capacity: 40 # of Children Present: 30 # of Staff Present: 7

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 _____

Purpose of visit: FollowUp Ratio's to 11/10/22 and 11/17/22 Inspections

Observations/Corrections needed:

(110) 19a-79-10(a)(2): At arrival observed 5:1 Ratio in Infant room
2nd staff arrived in room during initial walk through.

(21) 19a-79-4a(4): At arrival preschool staff in hallway and answered
door - leaving preschool class at 11:1 Ratio

Additional violation:

19a-79-7a(8): During walk through Infant rooms lights were
off and inspector could not observe children. Lighting not at
(1) foot candle. Safety/Supervision hazard.

Discussed: Corrective Actions not received that were due
11/24/22 and 12/1/22.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes
to be in compliance at all times.

Signature: James Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 12/20/22

Signature: _____
(Person in Charge)