

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II Date: 3/27/23 Time: 1:55

Location Address: 700 Hartford Tpke. Hamden Telephone #: 203 230-8449

e-mail address: info@overtherainbowkids.com License #: 70635 Expiration Date: 1/31/26

Capacity: 78/52 # of Children Present: 45 # of Staff Present: 13

**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: Investigation 2022-238

Observations/Corrections needed:

(P) 19a-79-4a(c)(4)(D) staffing, supervision Pending completion of interviews

(NS) 19a-79-5a(a)(3) Injury report - operator had an injury report prepared.

(NS) 19a-79-7a(c)(2) Hazards. unable to identify any hazards related to incident.

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: N/A

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Samantha Haynes  
(Person in Charge)

Print Name: Samantha Haynes