

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Care by From Home Date: 12/20/22 Time: 1:40pm

Location Address: 188 Rocky Rd Shelton, ct Telephone #: 203-216-6433

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

Capacity: 40 # of Children Present: 28 # of Staff Present: 6

**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 UJA

Purpose of visit: Follow up for ratio, group size
and lighting

Observations/Corrections needed:

19a-79-10(c)(2) ^{Ratio} - Upon arrival
observed 1 staff in Toddler 1 with
6 children, 2 of whom were awake on cots.
2nd staff arrived approx 5 minutes later
however room was additionally out of
ratio when 1 staff left to use the
bathroom and other staff left to
put something in the office and children
were still awake.

19a-79-3a(d)(5)(D) - Naptime Supervision
Upon arrival, Toddler 2 room was too dark to
effectively supervise children at naptime due
to lack of lighting.

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:

Laura L. Fournier
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 1/3/2023

Signature:

Amy Atell
(Person in Charge)

Amy Atell