

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Home Away From Home Date: 1/10/23 Time: 12:30 PM

Location Address: 188 Rocky Rest Rd Shelton Telephone #: 203 216 6433

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

Capacity: 40/24 # of Children Present: 32 # of Staff Present: 9

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Follow up

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted. Window shades rolled up, lighting adequate for supervision.

NS 19a-79-4a(c)(4) - Staffing - ratios - In compliance.

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: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull Kevin Eddy

Signature: [Signature]  
(Person in Charge)  
Print Name: Amy Axtell