

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II Date: 3/30/23 Time: 9:05

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: 37 # of Staff Present: 12

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: Follow-up investigation 2023-238 on 3/27/23

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) Staffing, supervision - operator failed to provide supervision at all times when children were allowed to go to the bathroom before lunch and staff members remained in the classroom. When child was hurt in bathroom, staff were unable to explain what occurred accurately.

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: 4/13/2023

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Samantha Haynes
(Person in Charge)
Print Name: Samantha Haynes