

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II Date: 4/5/23 Time: 3:15

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: 66 # of Staff Present: 12

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: Follow-up to investigation 2023-238

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Supervision - operator in compliance with supervision at time of follow-up visit.

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: Emalee Schilling
(Person in Charge)
Print Name: Emalee Schilling