

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II Date: 4/28/23 Time: 9:00

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

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

Capacity: 78/40 # of Children Present: 59 # of Staff Present: 18

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 2023-331

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - unable to substantiate a regulatory violation due to insufficient evidence.

(NS) 19a-79-9a^{KH}~~(4)~~ - Administration of Medications - unable to substantiate that an ointment or medicated ointment was applied to a child without permissions.

(S) 19a-79-5a(a)(3) Injury report - operator failed to have an injury report to document marks on child's arm that appeared to be bite marks and was treated with an ice pack.

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: Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/12/23

Signature: Carol Yalcin
(Person in Charge)