

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home Daycare + Preschool Ctr Date: 6-8-23 Time: 1  
Location Address: 188 Rocky Rest Rd., Shelton Telephone #: 203-216-6433  
e-mail address: heather.mph@gmail.com License #: 70510 Expiration Date: 8-31-23  
Capacity: 40 # of Children Present: 29 # 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 \_\_\_\_\_

Purpose of visit: follow up for case 2023-5

Observations/Corrections needed:

NS- 19c.79-3c(d)(1) - observed daily attendance  
showing head teacher is on  
site at least 60% of the time.  
NS- 19c.79-4c(c)(1) - observed approved head  
teacher on site.

Discussed sending in change form for new  
health consultant  
Discussed with director/owner on site  
Mon, Wed, Fri.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Kenn Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Amy Atteil