

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away From Home Date: 6/8/23 Time: 12:45
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: 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: <u>N/A</u>
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Purpose of visit: Partial

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted.
No violations. Discussed keeping shades up to allow light in.

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

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