

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away From Home Date: 11/6/23 Time: 8:25

Location Address: 188 Rocky Rest Rd. Shelton Telephone #: 203-210-6433

e-mail address: heather.hafh@gmail.com License #: 70510 Expiration Date: 8/31/27

Capacity: 40/24 # of Children Present: 15 # of Staff Present: 4(2)

**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 on ratio

Observations/Corrections needed:

in compliance today. 7:2  
4:1  
4:1

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: [Signature] Krishna Magan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature] Amy Atell  
(Person in Charge)