

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION Preschool Center

Name of Program/Provider: Home Away From Home Daycare Date: 11.1.24 Time: 8:15am

Location Address: 188 Rocky Hill Rd Shelton, CT 06484 Telephone #: (203) 216-6433

e-mail address: weather.hafh@gmail.com License #: 70510 Expiration Date: 8.31.27

Capacity: 40 # of Children Present: 11 # of Staff Present: 5

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 - Safe Sleep

Observations/Corrections needed:

NS = 19a-79-10(g)(1) - No violations at this visit
Crib sheets tight fitting as observed

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]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)