

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

Name of Program/Provider: Over The Rainbow Cheshire Date: 12/17/24 Time: 12 noon
 Location Address: 1481 Highland Ave Hamden, CT 06410 Telephone #: (203) 699-9900
 e-mail address: info@overtherainbowkids.com License #: 16547 Expiration Date: 7.31.26
 Capacity: 88 # of Children Present: 38 # of Staff Present: 10

**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: Complaint Investigation

Observations/Corrections needed:

NS = 19a-79-10 (g)(1) - Insufficient evidence to substantiate an infant was placed on her belly to sleep. Observed safe sleep policies being implemented and staff aware of requirements when interviewed. Infants who easily turn over from supine to the prone position are allowed to adopt whatever position they prefer for sleep.

S = 19a-79-3a (d)(5)(D) observed 2 children's heads completely covered with a blanket at nap time in room toddler 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: A. Roberts
 (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A (R) 12.31.24

Signature: Jenny Vertucci
 (Person in Charge)