

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II Date: 4/15/25 Time: 9:30^{am}

Location Address: 700 Hartford Tpke Hamden Telephone #: 203 230 8449

e-mail address: info@overtherainbowkids.com License #: 70635 Expiration Date: 1/31/26

Capacity: 78/47 # of Children Present: 41/30 # of Staff Present: 16

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: Complaint Investigation Self report
Case 2025-344

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(E) - Administration - Failure to report - Staff failed to report suspected abuse/neglect within the 12 hour mandated time frame.

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing Child Behavior - Staff failed to manage a child's behavior when she was seen holding a child's hands under hot water as a form of punishment.

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: 4/29/25

Signature: Lauren Hull
(OEC Representative)

Print Name: Lauren Hull

Signature: Emalee Schilling
(Person in Charge)

Print Name: Emalee Schilling