

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away From Home Date: 5/11/25 Time: 8:30

Location Address: 188 Rocky Rest Station Telephone #: 203-210-6433

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

Capacity: 40/24 # of Children Present: 29/17 # of Staff Present: 9

**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: partial inspection on access

Observations/Corrections needed:

in compliance 6:3  
12:2  
6:2  
5:2

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: nlr

Signature: [Signature]  
(OEC Representative)  
Print Name: Kristi Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Heather Bennette