☐ Initial ☑ Unannounced ~~Full~~/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hide Out Date: 5/20/25 Time: 1:00

Location Address: 49 Mohegan Rd. Shelton Telephone #: 203-929-0744

e-mail address: hideout2014@yahoo.com License #: 13814 Expiration Date: 3/31/26

Capacity: 80 # of Children Present: 30 # 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: partial inspection on ratio + supervision

Observations/Corrections needed:

30:4

in compliance today.

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: n/a

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan-Lauren

Signature: _____ *(Person in Charge)* 11

Print Name: Michelle Quintiliano