

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Home Away from Home</u>	License Number: <u>70510</u>	Date of Inspection: <u>11/10/21</u>	Time of Arrival: <u>9:00</u>
Address: <u>188 Rocky Rest Rd</u>	Expiration Date: <u>8/31/23</u>	Licensed Capacity: <u>40</u>	Under 3 Capacity: <u>24</u>
Town: <u>Shelton</u>	Telephone: <u>(475) 269-5073</u>	# of children present: <u>19</u>	# of staff present: <u>7</u>
Operator: <u>Home Away From Home LLC</u>	Director: <u>Heather Bennette</u>		
Email: <u>heather.hathe@gmail.com</u>	Head Teacher: <u>Heather Bennette</u>		
Hours of Operation: <u>7-6:00pm</u>	Summer Care: <u>Open</u>		
Ages Served: <u>u wks to 5 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

- Licensure Procedures 19a-79-2a**
 1. Local Health Date: 8/13/19
- Administration 19a-79-3a**
- 2. New Staff-Employee Orientation
 - 3. Annual Staff Policy Training
 - 4. Documentation of Behavior M. Tech Discussed w/Parents
 - 5. Notification of Change
 - 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
 - 7. Daily Attendance Records: Children/Staff

- Items Posted: Conspicuous/Accessible**
- 8. License
 - 9. Current Fire Marshal Certificate Date: 6/7/19
 - 10. OEC Complaint Procedure
 - 11. Food Service Certificate Date: _____
 - 12. Menus
 - 13. Emergency Plans
 - 14. No Smoking Signs
 - 15. Radon Test (Y/N) Date: 11/11/19 Results: 2.8/1.9 JF

- Staffing 19a-79-4a**
- 16. Staff Health Records/TB Tests
 - 17. Professional Development
 - 18. Disciplinary Actions
 - 19. Designated Head Teacher/60%
 - 20. Two Staff Present
 - 21. Ratio: 1 Staff to 10 Children
 - 22. Group Size: Maximum 20 Children
 - 23. Designated Director/Training
 - 24. CPR Certified Staff
 - 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	X	X
Health	X	X
Social Service	X	X
Dental	X	X
Dietitian	—	—

- 27. Logs/Visits Documented
- Swimming: (Y/N)
- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

- Record Keeping 19a-79-5a**
- 32. Enrollment Information
 - 33. Emergency Medical Permission
 - 34. Authorized Released Permission
 - 35. Field Trip Permission
 - 36. Transportation Permission
 - 37. Child Health Records/Immunizations/TB
 - 38. Individual Care Plan (Signed by Parent/Staff)
 - 39. Injury/Illness/Accident Reports

- Health and Safety 19a-79-6a**
- 40. Nutritious Snacks/Meals (Required Food Groups)
 - 41. Proper Refrigeration
 - 42. Kitchen Separated
 - 43. Hand Washing Before Eating/Food Handling
 - 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

- Physical Plant 19a-79-7a**
- 45. License Premise: Clean/Good Repair/Hazard Free
 - 48. Sanitary Drinking Fountains/Disposable Cups
 - 49. Lead Water Test Date: 6/5/19
Bacterial/Chemical Test (Y/N) Date: h/19
 - 50. Walkways Maintained
 - 51. Designated Staff Toilet/Sink
 - 52. All Openings for Ventilation Screened
 - 53. Windows Protected to Prevent Falls
 - 54. Glass Protected to 36"
 - 55. Overhead Doors Locking Devices/Spring Protectors
 - 56. Exits/Hallways and Stairs Unobstructed
 - 57. Individual Storage of Clothing/Bedding
 - 58. Smoking Prohibited
 - 59. Matches/Lighters Inaccessible
 - 60. Electrical Safety: Outlets/Cords
 - 61. Toileting Needs Met
 - 62. Required Toilets/Sinks/Supplies
 - 63. Potty Chairs: Nonporous/Emptied/Disinfected
 - 64. Hand Washing After Toileting: Staff/Children
 - 65. Ventilation in Toilet Room
 - 66. Air Temp 65°, Thermometer Affixed

Signature of Person in Charge: Heather Bennette
Print name: Heather Bennette

Written Corrective Action Plan Due to OEC by: 11/24/21

Name of OEC Representative: Jaime Fortin

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Home Away From Day Care</i></p>	<p>License Number: <i>70510</i></p>	<p>Date of Inspection: <i>11/10/21</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input type="checkbox"/> 70. Rugs Secure <input type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage 	<p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N) <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>n/a</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	

Signature of OEC Representative
Jamie Fortin
Print Name: Jamie Fortin

Written Corrective Action Plan
Due to OEC by: *11/24/21*

Signature of Person in Charge
Heather Ben
Print Name: Heather

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home License # 70510 Date: 11/10/21

Observations/Corrections needed:

Care4Kids! NOT in compliance with new federal guidelines
for emergency preparedness; program working on

BCIS and Background! reviewed at visit - needs to be completed

* 19a-79.3a Provider failed to comply with the vaccine requirement
in accordance with Governor's Executive Order when there were no
documentation of staff vaccinations, weekly testing and signed
declarations.

① No documentation of current Local Health Inspection

③ No documentation of annual staff training

② No documentation of new staff orientation

④ No documentation of Behavior techniques discussed with parents

⑥ Observed Diaper change - and staff did not wash child's hands
others after change

⑨ Fire Marshall's Certificate not current

⑫ Program serves snacks - menu's not posted/created.

⑭ Staff physicals not current

⑰ Professional development not observed

⑲ New Director training (3 college ECE Admin/Supervision) not observed

* ⑳ C/P R Certified staff not observed

* ㉑ 1st Aid trained staff not observed

㉒ Consultant Agreements not current

㉓ Consultant Logs of annual policy review not 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: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Heather Bennette
(Person in Charge)

Print Name: Heather Bennette

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/24/21

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home License # 70510 Date: 11/10/21

Observations/Corrections needed:

- (37) children's physicals (3 out of 4) not current
- * (38) 1 child with asthma checked off on physical and needing emergency medication on site - Care Plan not observed
- (40) Menu's not posted 1 week in advance; posted + 2 food groups
- (44) 1st Aid Kit missing triangular bandages + 1st Aid Manual
- (49) Lead Water test not current
- (50) Walkways not maintained - hallway - toys/boxes
- (56) Preschool Exit door obstructed with toys/supplies
- (57) Bedding not stored individually
- (60) Electrical outlets uncovered in some rooms. Observed infant room child playing with cord at arrival.
- (70) Rugs not secured in toddler room
- (76) Chemicals unlocked in toddler room (Lysol cans) + Preschool closet
- (82) Cots stored upright in rooms and can tip over easily - not safe.
- (89) Matting coming up on playground under wood chips posing a tripping hazard
- (99) Nontopical Ointments forms not observed. Ointments on site
- (100) Diaper Ointments / Non prescription topicals not labeled with child's name
- * (102) 1 child with physical - states emergency medication (inhaler) needed on site; medication not observed
- (113) Sinks not exclusive use; items in and around sinks in Under 3's room.
- (116) Infant feeding Chairs missing Safety Straps

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Signature: Jaime Fortin

(OEC Representative)

Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Heather Bennette

(Person in Charge)

OEC BY: 11/24/21

Print Name: Heather Bennette

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from home License # 70510 Date: 11/10/21

Observations/Corrections needed:

- (119) Diaper tables not exclusive use - Items on tables in Under 3 rooms
- (132) Wood chip policy not followed - Staff not current in CPR
- (136) Written feeding schedules not observed
- (138) Per Staff some parents bring in 1 Bottle for day and Reuse. Not approved Bottle Washing
- (140) Bottles not individually identified with Child's name

items marked * Requires ~~an~~ immediate correction; New Director training scheduled for 11/16/21.
 Discussed - Staff/Children masks falling below noses.

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Signature: Jaime Fortin
 Print Name: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
 OEC BY: 11/24/21

Signature: Heather Bennette
 Print Name: Heather Bennette
(Person in Charge)