

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home Date: 1/31/22 Time: 12:40
Location Address: 188 Rocky Rest Rd Shelton Telephone #: 475 269-5073
e-mail address: heather.hafh@gmail.com License #: 70510 Expiration Date: 8/31/23
Capacity: 40 # of Children Present: 33 # of Staff Present: 9

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to 11/10/21 visit

Observations/Corrections needed:

New Director training will be completed end of March.

items still not in compliance

(99) 2 diaper ointment forms not observed

(113) Sinks not exclusive use in toddler room.

(119) Diaper tables in toddler rooms not exclusive use

(76) Chemicals unlocked in Infant room

(6) Observed diaper change in Infant room and staff did not wash child's other hands after.

Discussed - access needed for playground use.

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: 2/14/22

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Heather Bennette
(Person in Charge)

Print Name: Heather Bennette