

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away from Home Date: 3/22/22 Time: 9:30

Location Address: 188 Rocky Rest Rd Shelton Telephone #: 475 269-5073

e-mail address: heather.nqfh@gmail.com License #: 70510 Expiration Date: 2/31/23

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: Partial Inspection from 1/10/21 Inspection

Observations/Corrections needed:

- | | |
|--|--|
| <u>1- Local health in compliance</u> | <u>44- 1st Aid in compliance</u> |
| <u>2- new staff orientation in compliance</u> | <u>49- in compliance</u> |
| <u>3- annual policy training observed</u> | <u>(50) Not compliant - many items</u> |
| <u>4 Fire Marshall Current</u> | <u>in hallway. (car seats blocking doors)</u> |
| <u>12- Menu's in compliance</u> | <u>(56) Front exit Blocked with toys/</u> |
| <u>16- staff health records - in compliance</u> | <u>equipment</u> |
| <u>17- Professional development in compliance</u> | <u>57- In compliance</u> |
| <u>23- training Completed.</u> | <u>60- In compliance</u> |
| <u>24+25 First Aid/CPR in compliance</u> | <u>70- In compliance</u> |
| <u>26+27- Consultant Agreement and LOGS in compliance</u> | |
| <u>37- children's health in compliance.</u> | <u>76, 82, 89- In Compliance</u> |
| <u>38- Care Plans in compliance</u> | <u>99, 100 and 102- In compliance</u> |
| <u>40 in compliance</u> | <u>(113) Infant sink not exclusive use (Bottles)</u> |
| <u>(140) observed 3 bottles not labeled</u> | <u>116, 119, 132, 136- in compliance.</u> |
| <u>(141) Diaper policy not followed - Staff did not wash hands before.</u> | |

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: 4/5/22

Signature: Jaime Fortin

Print Name: Jaime Fortin
(OEC Representative)

Signature: Heather Bennette

Print Name: Heather Bennette
(Person in Charge)