

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Naomi Mitchell      Date: 10/20/23      Time: 9:45AM  
Location Address: 202 Homestead Ave      Telephone #: 800-888-6323  
e-mail address: naomi1431@yahoo.com      License #: 41256      Expiration Date: 12/31/25  
Capacity: 6+3      # of Children Present: 3      # of Staff Present: 1

**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: Naomi Mitchell

Purpose of visit: Follow-up for Physical Environment

Observations/Corrections needed:

- (NS) CAP reviewed during this visit.
- (NS) #21 Observed Provider maintains evidence of compliance with BCIS.
- (NS) #23 Observed AC no longer in use, NOT visible or accessible to children.
- (NS) #31 Per Provider's report, children have no access to back porch at all. Only front porch being used for the program. OEC specialist observed renovations done on front porch.
- (NS) #33 Observed written evacuation drills log available during this visit. Last fire drill done on 7/26/23.
- (P) #39 Per Provider's report, front porch will be used for outdoor activities. Currently Provider only watching (1) infant and (2) toddler throughout the day and (1) after school child (occasionally).

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Jerry Fennie  
Signature: Naomi Mitchell  
(Person in Charge)  
Print Name: Naomi Mitchell

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Naomi Mitchel License # 41256 Date: 10/20/13

Observations/Corrections needed:

Continue #39

Provider to use retractable gate and supervision when front porch is in use for outdoor activities.

(NS) #73 Observed a tightly-fitted sheet in used for infant Pack 'N Play and an extra replacement for mattress with tightly sheet.

(NS) #74 Observed no bib on infant during visit. Per Provider, she is using disposable bib.

(NS) #71 Observed no items in the Pack 'N Play other than tightly sheet. Per Provider's report she is feeding the infant on her lap. Infant NOT feeding herself with bottle.

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: [Signature] (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: [Signature] (Person in Charge)