

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Home Away From Home Date: 1/29/25 Time: 1:15

Location Address: 188 Rocky Rest Rd Lower Level Snelton Telephone #: 203-216-6433

e-mail address: heather.nafh@gmail.com License #: 70510 Expiration Date: 8/31/27

Capacity: 40/24 # of Children Present: 39/13 # of Staff Present: 6

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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature*

Purpose of visit: Partial inspection on safe sleep, supervision and access.

Observations/Corrections needed:

7:2
8:1 - all asleep
5:1 - all asleep
19:2

Safe sleep + supervision in compliance

19a-79-3a(h) - program failed to grant immediate access to OEC when licensing specialist was at the door for approximately 10 minutes.

Specialist rang the door bell 7 times + knocked loudly 3 times. Camera noted above entry door.

discussed:

gallon of bleach accessible in hallway

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)

Print Name: Kristin Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/12/25

Signature: [Signature]
(Person in Charge)

Print Name: Heather Bennette