

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids World Childcare Date: 10/4/21 Time: 12:25pm

Location Address: 465 W. Main St. Norwich, CT 06360 Telephone #: 860 892-5437

e-mail address: ~~kidsworld~~ kidsworldchildcare@yahoo.com License #: 15710 Expiration Date: 3/31/2022

Capacity: 61^{43 32} # of Children Present: 29 # of Staff Present: 6

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 <u>N/A</u>
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Purpose of visit: Self-reported incident 2021-702

Observations/Corrections needed:

- (S) 19a-79-3a (b)(2) Administration - Program failed to meet the needs of a child when staff were observed on video failing to comfort a crying child.
- (S) 19a-79-4a (c)(4)(D) Staffing - Supervision - Staff failed to assure the supervision of children at all times when one staff, observed on video, to be standing at gate with back to the children and one staff was standing completing paperwork, when a child fell out of chair and sustained an injury.
- (S) 19a-79-5a (a)(3) Record Keeping - Program failed to complete a written record of injury sustained by a child at the program.
- (S) 19a-79-10(e)(2) Under three endorsement - Diaper area used only for purpose - observed staff on video, using changing table^{as a table,} to write daily reports.

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: 10/18/2021

Signature: Stephanie Pies
(OEC Representative)
Print Name: Stephanie Pies

Signature: Sarah Holmes
(Person in Charge)
Print Name: Sarah Holmes