☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☑ Other Addendum

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Castle child care Learning Center Date: 5/5/22 Time: 8:31

Location Address: 10 Commerce Drive Newtown Telephone #: 203-270-6771

e-mail address: KidsCastlectr@gmail.com License #: 70605 Expiration Date: 3/31/25

Capacity: 96/48 # of Children Present: - # of Staff Present: -

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*** _____

Purpose of visit: Addendum to follow up on 5/4/22

Observations/Corrections needed:

Removal of violation:

9- Current fire marshal certificate was posted.

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: N/A

Signature: _____
(OEC Representative)

Print Name: Kristi Morgan

Signature: - emailed -
(Person in Charge)

Print Name: - emailed -