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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Castle childcare Learning Center Date: 5/16/22 Time: 2:05

Location Address: 10 Commerce Rd. Newtown Telephone #: _____

e-mail address: _____ License #: 70605 Expiration Date: 3/31/25

Capacity: 96/48 # of Children Present: 20 # 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*** _____

Purpose of visit: follow up

Observations/Corrections needed:

19a-79-10(c)(2) 5:2

#110 - infant room teacher left 4:1

room at a 5:1 ratio 3:1

to open the door. 8:2

19a-79-10(g)(4)

#129 - Observed 1 infant sleeping in a ~~boppy~~ bouncy Seat & 1 infant sleeping in a swing.

19a-79-10(g)(3)

#130 - Observed infant sleeping in bouncy seat also had a toy on her lap.

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: 5/30/22

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Rose Keller