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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Scotty's Kiddie Korner BPS Date: 9/2/22 Time: 9:00

Location Address: 70 West Rd., Ellington 1 Day Care Telephone #: 860-870-9852

e-mail address: skkpdc@skkpdc.com License #: 15828 Expiration Date: 11/30/24

Capacity: 112 # of Children Present: 42 # of Staff Present: 10

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: Partial to check supervision.

Observations/Corrections needed:

Partial inspection to confirm compliance with supervision (5/12/22 full).

No violations observed.

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: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Lillian Ruiz
(Person in Charge)

Print Name: