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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Castle Childcare Date: 9/6/22 Time: 2:30

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

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

Capacity: 96/48 # of Children Present: 28 # of Staff Present: 6(1)

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 inspection - Safe sleep + ratio

Observations/Corrections needed:

no violation today

4:1

4:1

4:1

7:2

9:1

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: _____ *(Person in Charge)*

Print Name: Shelley Case