

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KJ^S Eagles Nest Learning Center Date: 11/2/22 Time: 11:00

Location Address: 553 Plank Rd. Waterbury Telephone #: 475 233-2918

e-mail address: kjs.eaglesnest@gmail.com License #: 70566 Expiration Date: 9/30/24

Capacity: 44/24 # of Children Present: 21 # 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 investigation 2022-833 from 10/14/22

Observations/Corrections needed:

(NS) 19a-79-7a(c)(2) Cleanliness - unable to substantiate any violations related to cleanliness.

(S) 19a-79-4a(c)(5)(B) Mixed age group, group size - based on photo of children in classroom - a group of 10 children with 5 children under age three does not meet the maximum group size of 8 for children under three.

(S) 19a-79-4a(c)(4)(B) Mixed age group, ratio - ^{Observed} One child under three in a class with six children + one staff.

(S) 19a-79-9a(b)(5)(A) Labeled medication - one medication observed without original label.

(S) 19a-79-9a(b)(5)(B) Medication inaccessible to children - one medication observed within reach of children.

(S) 19a-79-8a(a)(1) Plan for indoor + outdoor physical activities - Based on interviews, children have not been going outdoors for physical activity.

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: 11/16/22

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Lisa Fortier
(Person in Charge)

Print Name: Lisa Fortier