

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: 2/17/23 Time: 2:30

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

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

Capacity: 44/24 # of Children Present: 20 # of Staff Present: 4

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 _____
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Purpose of visit: Partial inspection as follow-up for case 2022-833

Observations/Corrections needed:

NS 19a-79-4a(c) Ratios - in compliance at time of visit

NS 19a-79-4a(c)(4)(B) Group size - in compliance at time of visit.

NS 19a-79-9a(b)(5)(B) Storage of medications - in compliance at time of visit.

NS 19a-79-8a(a)(1) Plan for indoor + outdoor physical activities -

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: Karen Hicks

(OEC Representative)

Print Name: Karen Hicks

Signature: Lisa Fortie

(Person in Charge)

Print Name: Lisa Fortie