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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kangaroo's Korner Date: 3/1/23 Time: 12:30

Location Address: 120 French Mountain Rd Telephone #: 860 945-6628

e-mail address: childcare@kangarooskorner.com License #: 15184 Expiration Date: 2/31/24

Capacity: 59 # of Children Present: 36 # of Staff Present: 11

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 Ratio from 2/16/23 Inspection

Observations/Corrections needed:

21 – interviewed preschool rooms staff as to Bathroom procedure. Per all staff interviewed corrective action plan submitted is being followed and ratios are in compliance.

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: 3/15/23

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Karen Knapp (Person in Charge)

Print Name: Karen Knapp