

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Scotty's Kiddie Korner Preschool Date: 5/9/23 Time: 10:15

Location Address: 70 West St., Enfield Telephone #: 860-870-9852

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

Capacity: 112 # of Children Present: 58 # of Staff Present: 12+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: Follow up to 4/18/23 full.

Observations/Corrections needed:

Confirm compliance with background check

Observed staff "complete" in BCIS to be working children. A few staff not complete (in red) are doing tasks and trainings. BCIS system accessed by administration.

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 Maepken

(OEC Representative)

Print Name: Linda Maepken

Signature: Lillian Lanz

(Person in Charge)

Print Name: LILLIAN LANZ