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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Scotty's Kiddy Korner Preschool + Daycare Date: 5-16-23 Time: 1

Location Address: 70 West Rd., Ellington Telephone #: 860-870-9852

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

Capacity: 112 # of Children Present: 55 # of Staff Present: 12

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: Case # 2023-382

Observations/Corrections needed:

S-19a-79.5a(a)(2)(C) - immunization record for 1 child not observed.

NS-19a-79.3c(a) - ensure the safety, health and development of the child not substantiated due to insufficient evidence

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: 5-30-23

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: Lillian Lanz *(Person in Charge)*

Print Name: Lillian Lanz