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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kangeroos Korner Date: 7/25/23 Time: 10:15 am

Location Address: 120 French Mountain Rd Wtm. Telephone #: 860 945 4628

e-mail address: Lisaosterberg@KangeroosKorner.com License #: 15184 Expiration Date: 12/31/24

Capacity: 52/24 # of Children Present: 38 # of Staff Present: 9

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: Partial Inspection for 2/23/23 visit

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4) - Staffing - Ratios - No violations at this visit.

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: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Lisa Osterberg