

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kid's Connection II Date: 8/22/23 Time: 1:13pm
Location Address: 140 Pleasant Ave East Haven Telephone #: 203-467-9400
e-mail address: ricci.donna@gmail.com License #: 15949 Expiration Date: 9/30/25
Capacity: 42 # of Children Present: 14 # of Staff Present: 3+

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 <u>NA</u>
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Purpose of visit: Follow up to inspection dated 7/28/23

Observations/Corrections needed:
#130 crib sheets in compliance at this visit

Discussion

- thorns and stems to vegetation growing through fence
- mattress for pack + play
- Boat used for (FM) climbing if used for climbing need 8" inches of impact material within fall zones - upper part has nails protruding
- director course, director prior to 2010

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: NA

Signature: [Signature]
(OEC Representative)
Print [Signature]
Signature: [Signature]
(Person in Charge)