

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Curley's Kids Care Date: 9/11/23 Time: 8:35
Location Address: 48 Upton Road Colchester Telephone #: 860 537 1782
e-mail address: curley's kids @ sbcg10 bal.net License #: 70513 Expiration Date: 9-30-27
Capacity: 85/31 # of Children Present: 36 # of Staff Present: 8

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 _____
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Purpose of visit: investigation 2023-849

Observations/Corrections needed:

⑤ 19a-79-10(c)(2) under three -ratio
Observed one staff with 5 children in Toddler/1
Observed staff step out of ~~toddler~~^(CD) waddler room
to answer door leaving 1 to 5 children ratio.

① 19a-79-4a(c)(4)(A) Staffing-ratio
pending review of 8-31-23 sign in sheets

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: 9-25-23

Signature: [Signature]
(OEC Representative)
Signature: [Signature]
(Person in Charge)
Danielle Shafiq