☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Childcare Date: 10/30/23 Time: 2:00

Location Address: 1007 Echo Lake Rd Watertown Telephone #: 860 274-0000

e-mail address: lorettapace90@gmail.com License #: 70165 Expiration Date: 3/31/26

Capacity: 44 # of Children Present: 81 # of Staff Present: 6

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 10/17 visit safe sleep - crib hazard

Observations/Corrections needed:

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5:2 } 19a-79-10 (130) - obsewed 1 sheet not tight fitting. NOT in compliance

Additional violations at visit

19a-79-10 (110) Ratio of 1:6 observed in Infant room at arrival. 3 infants were awake

19a-79-10 (130) - obsewed 2 infants sleeping with Blankets in their cribs and another infant crib with Blanket on crib.

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: 11/13/23

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Loretta Graziano (Person in Charge)

Print Name: Loretta Graziano