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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Childcare Date: 1/9/23 Time: 200

Location Address: 1007 Echo Lake Rd Waterford Telephone #: 860274-0000

e-mail address: lorettapace900gmail.com License #: 70165 Expiration Date: 3/31/24

Capacity: 44 # of Children Present: 28 # of Staff Present: 7

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 - Safe Sleep

Observations/Corrections needed:

program in compliant for safe sleep. sheets observed tight fitting and no blankets in infant cribs

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: _____
(Person in Charge)
Print Name: Soha Azba