

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CASTLE Date: 11/20/24 Time: 3pm

Location Address: 396 Halls Hill Rd Colchester Telephone #: 8605370214

e-mail address: Nicole@castlekid.org License #: 14427 Expiration Date: 12/31/28

Capacity: 138 # of Children Present: 40 # of Staff Present: 10

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 2024-1228

Observations/Corrections needed:

⑤ 199-79-3a(d)(4B) administration - Agreements with parents - program did not follow the modification of child care payments decree in the breakdown of parent portion after credits were applied to the account. Current court order is 7/6/24 program applied Care4Kid payments only to one parent portion.

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: MTA 12/4/24

Signature: Carlyne Delorato
(OEC Representative)
Print Name: Carlyne Delorato

Signature: Nicole Beauchamp
(Person in Charge)
Print Name: Nicole Beauchamp