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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kangaroo's Korner Day Care Date: 11/6/24 Time: 11:16

Location Address: 120 French Mountain Rd. Telephone #: 802-945-6625

e-mail address: Kangarooskornerllc@gmail.com License #: 15184 Expiration Date: 12/31/28

Capacity: 52/21 # of Children Present: 27/13 # of Staff Present: 9

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: Case 2024-1091

Observations/Corrections needed:

19a-79-7a(c)(2) - observed stove, refrigerator + freezer unclean in kitchen; observed WALL in kitchen behind garbage can in disrepair leaving wires + insulation exposed. Cabinets observed to be unclean inside - under sinks - in toddler C, preschool 3 + staff bathroom - observed mouse feces inside. Also observed mouse feces on stovetop.

19a-79-7a(e)(iv) - measures to prevent vermin from entering is not effective as mouse feces noticed in multiple areas of program.

Discussed: no evidence of toys being stored unsafely; no evidence that the director told staff not to allow state +/or local inspectors into the kitchen.

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: 11/20/24

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Lisa Osterberg