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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Castle Date: 3/14/25 Time: 12:45

Location Address: 10 Commerce Rd Newtown Telephone #: 203 270-6771

e-mail address: kidscastlecte@gmail.com License #: 70405 Expiration Date: 3/31/25

Capacity: 96 # of Children Present: 19 # of Staff Present: 4

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 2/28/25 Full Inspection

Observations/Corrections needed:

Program in Compliance for Safe Sleep violation

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: _____ *(OEC Representative)*

Print Name: Jayne Fortin

Signature: Donna Kruha *(Person in Charge)*

Print Name: DONNA KRUHA