

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KJ's Eagles Nest Learning Center Date: 5/19/25 Time: 2:00  
Location Address: 553 Plank Rd. Waterbury Telephone #: 475-233-2418  
e-mail address: KJseaglesnest@gmail.com License #: 70546 Expiration Date: 9/30/28  
Capacity: 44/24 # of Children Present: 20/9 # of Staff Present: 7

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 full inspection on 2/12/25

Observations/Corrections needed:

106 - School age room - mechanical room/basement unlocked;  
Electrical closet unlocked; 1 radiator in discrepancy.  
81 - 1 outlet by sink in preschool bathroom unprotected

Additional violation:

19a-79-9a (b)(4)(A) - observed 1 medication  
authorization form expired.

Discussed: downstairs, <sup>bathroom missing</sup> toilet paper.

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: 5/22/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Kristi Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Lisa Fortier