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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KidsCastle Date: 7/8/25 Time: 12:30

Location Address: 100 Commerce Rd Newtown Telephone #: 203 270 2771

e-mail address: Kidscastleet@gmail.com License #: 70605 Expiration Date: 3/31/25

Capacity: 95 # of Children Present: 27 # of Staff Present: 6

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: Partial based on 2/28/25 Full Inspection

Observations/Corrections needed:

5- annual training scheduled for 8/22/25- In compliance.

19 staff health - 1 out of 2 - not in compliance

35 Consultants - In compliance.

37- Field trip permission - In compliance updated w/new regulations

40- Care Plans - In compliance discussed all staff signing to ensure compliance.

111- Boards removed - In Compliance - (playground not used making garden area and cutting Boards)

116.- program going outside daily - In compliance.

121- adequate sink s- program had kitchen items drying (Fork, spoons, plates next to hand washing sink - Not in compliance

130- safe sleep in compliance.

(*) observed new playground equipment/mulch. All set to use approval granted

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: 7/22/25

Signature: Jaime Fortin. *(OEC Representative)*

Print Name: Jaime Fortin

Signature: Donna Kuha *(Person in Charge)*

Print Name: Donna Kuha