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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gigaglee Kids Center, Date: 8/5/25 Time: 8:20

Location Address: 800 Main St South Southbury Telephone #: (203) 405-1101

e-mail address: director@gigagleekids.com License #: pending Expiration Date: _____

Capacity: 43 # of Children Present: 0 # of Staff Present: 1

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 Cribs + Remeasure Gross Motor

Observations/Corrections needed:

Garden Room

7 x 31.7 measured in error at Initial visit

221.9 ÷ 35 = (6) not part of total capacity

Cribs in Compliance. documentation located in Licensing Binder

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: Jaime Foster
(OEC Representative)

Print Name: Jaime Foster

Signature: Denise Cavalcante
(Person in Charge)

Print Name: DENISE CAVALCANTE

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gigglee Kid's Center License # pending Date: 7/22/25

Observations/Corrections needed:

Measurements:

Library
7-2 x 10-8
77.76 ÷ 35 = 2

Garden Space (gross motor)
31.7 x 7 = 221.90
= 274 = 2
221.90 ÷ 35 = (6)
Remeasured 8/5 error at initial visit

children 4 toilets/4 sinks
Adult 3/4:

Preschool:
24.9 x 23 + 9.6 x 4.3
16.2 x 11 = 470.62 ÷ 35
19.16 (19)

Infant
19' x 11.0 = 209.10
210.1 ÷ 35 = 6
(6)

Toddler (gigatots)
19.1 x 15.4
294.14 ÷ 35
(8)

Toddler 2 (gigakiddos)
17.4 x 19.1
351.44 ÷ 35 = (10)

Total Capacity = 43
Under 3 Capacity = 24

playgrounds:

Under 3
42.4 x 27.9 = 1,182.96 ÷ 75
15 over 3
10 2 year Olds
8 Under 2

Over 3
78.5 x 28.5
2,237.25 ÷ 75
= (29)

Back Field Area
44.4 x 41.5 1842.6
21.7 x 35.8 776.86
2619.46 ÷ 75
= 34

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jaime Fortin (OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued.

Signature: [illegible] (Person in Charge)
Print Name: