

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidco ELC and Daycare Date: 12-10-21 Time: 11

Location Address: 2175 Berlin Tpke., Newington Telephone #: 860-667-7191

e-mail address: mbomely@yphoo.com License #: 15119 Expiration Date: 11-30-24

Capacity: 188 # of Children Present: 31 # of Staff Present: 12

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: follow up to 12-3-21 visit

Observations/Corrections needed:

NS 19c.79-10(c)(2) - observed proper ratios in
all classrooms at time of visit

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)
Print Name: Maria Bomely