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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidco Day Care and Learning Center Date: 3-28-22 Time: 9

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

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

Capacity: 188 # of Children Present: 24 # of Staff Present: 10

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: 3 month partial for 2021-3069

Observations/Corrections needed:

NS 19a-79-10 (c)(2) - observed proper ratios in all classrooms

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: _____
(OEC Representative)
Print Name: Kevin Eddy

Signature: _____
(Person in Charge)
Print Name: Jennifer Randazzese