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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidds + Company Date: 3/3/23 Time: 8:30am

Location Address: 172 Providence New London Tpke Telephone #: 860 535-9999

e-mail address: Christine@kiddsandco.com License #: 16512 Expiration Date: 3/31/26

Capacity: 80 u340 # of Children Present: 31 # of Staff Present: 9

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*** N/A

Purpose of visit: Follow up Ratio/Group Size

Observations/Corrections needed:

Observed compliance with ratio and group size regulations at the time of the 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.

Signature: Stephanie Pica
(OEC Representative)
Stephanie Pica

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Alexa Galluci
(Person in Charge)
Alexa Galluci