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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidds + Company Date: 2/6/23 Time: 8:30 am

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

e-mail address: Christine@KiddsandCo.com License #: 16512 Expiration Date: 3/31/2026

Capacity: 80 43 40 # of Children Present: 39 43 25 # 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 / Background checks

Observations/Corrections needed:

(S) 19a-79-10(c)(2) Under three endorsement - Ratio - At arrival observed 2 teachers and 10 toddlers in a classroom. Program exceeded 1:4 ratio (S8) ~~Two toddlers were~~ One toddler was moved to preschool room, under age 2 yrs 8 months (2 yrs 6 months ~~old~~) (S9) which put the preschool room out of ratio with 1 staff and 10 children. Second toddler moved in to preschool room age 2yrs and 11 months, without authorization form. Three more children in preschool room, 2 yrs 11 months, without authorization form.

(S) 19a-79-10(c)(3) Under three endorsement - Group size - Observed prep room and preschool room exceed group size of 8.

Observed compliance with staff ~~present~~ (S1) present, in BCIS system

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: 2/20/2023

Signature: Stephanie Pica
(OEC Representative)
Print Name: Stephanie Pica

Signature: C. Hare
(Person in Charge)
Print Name: Christine Hare