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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidds + Company Date: 2/15/23 Time: 8:29am

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

e-mail address: Christine@kiddsandco.com License #: 16572 Expiration Date: 3/31/26

Capacity: 80 43 40 # of Children Present: 34 43 19 # 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:

(S) 19a-79-10(c)(2): Under three endorsement - Ratio - Observed 1 teacher with 5 infants, at arrival during walk through. Two teaches and 9 toddlers in one room.

(S) 19a-79-10(c)(3): Under three endorsement - Grap size - Observed 9 toddlers in one classroom.

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 Pia *(OEC Representative)*
Stephanie Pia

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/1/2023

Signature: Alexa Galluci *(Person in Charge)*
Alexa Galluci