

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Care Child Development Center Date: 7-17-23 Time: 1:10

Location Address: 951 N main st Wallingford Telephone #: 203-265-4505

e-mail address: kidscarecenter@aol.com License #: 16054 Expiration Date: 7-31-26

Capacity: 167/184 # of Children Present: 97/95 # of Staff Present: 21+

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up to full inspection dated 7-5-23

Observations/Corrections needed:

OK 19a-79-10(a)(2) Under 3 sleep arrangements -
NS Observed all infants to be sleeping in age/size
appropriate sleep sacks. No swaddles observed

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: Jennifer Sena
(OEC Representative)

Print Name: Jen Sena

Signature: Katherine Brandt
(Person in Charge)

Print Name: Katherine Brandt