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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Child Care Date: 11/1/24 Time: 10:00 AM

Location Address: 107 Old State Rd. Brookfield Telephone #: 203 775 2126

e-mail address: director.oldstate@cadence-academy.com License #: 70750 Expiration Date: 4/30/28

Capacity: 225/79 # of Children Present: 134/55 # of Staff Present: 25+

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: Self report case 2024-1139

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)- ~~Administration~~ Staffing (LH) - ratios - Staff failed to maintain proper ratios when 2 preschool classrooms were observed with a 15:1 and an 18:1 ratio during walk through.

(NS) 19a-79-4a(d)(4)(D)- ~~Staffing~~ - supervision - No evidence that staff were not supervising a child when she accidentally swallowed a Marble

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: 11/15/24

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: _____ *(Person in Charge)*

Print Name: Theresa Anderson