

Initial  Unannounced Full  Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Kid's Connection II Date: 11/19/24 Time: 8:40am

Location Address: 140 Pleasant Ave East Haven 06512 Telephone #: 203-467-9400

e-mail address: ricci.donna@gmail.com License #: 15949 Expiration Date: 9/30/25

Capacity: 42 # of Children Present: 12 # of Staff Present: 5  
↓ 3's - 21

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature NA

Purpose of visit: Partial Inspection from inspections dated 7/30/24 + 8/14/24

Observations/Corrections needed:

- ✓ 19a-79-10(g)(1) cribs / Pack and Plays in compliance at this visit
- ✓ 19a-79-10(c)(2) Ratios in compliance at this visit.
- ✓ 19a-79-4a(d)(4)(D) Supervision in compliance at this visit
- ✓ 19a-79-7a(h)(2) - impact absorbing material in compliance at this visit
- ✓ 19a-79-7a(h)(3) - playground hazards observed landscape fabric exposed posing a tripping hazard
- ✓ 19a-79-3a(d)(1) staff sign in in compliance
- ✓ 19a-79-4a(d)(1) head teacher interim plan in compliance at this 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/3/24

Signature: [Signature]  
(OEC Representative)  
Print Name: Fil Montanye  
Signature: [Signature]  
(Person in Charge)  
Print Name: Donna M. Ricci