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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Date: 2/10/25 Time: 12:50

Location Address: 107 Old State Rd Telephone #: 203 775-2124

e-mail address: Brookfield License #: 70750 Expiration Date: 4/30/28

Capacity: 225 # of Children Present: 79 # of Staff Present: _____

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*** _____

Purpose of visit: Partial

Observations/Corrections needed:

19a-79-7a(19) Program failed to ensure water supply is in compliance with all applicable sections of public health code due to elevated Uranium in well water. Program currently on Bottled water as a temporary measure. Program has not submitted a reasonable timeframe for compliance. No timeline has been submitted for coming into compliance - Not in compliance

19a-79-10(c)(2) 118) Ratio's in compliance during visit

19a-79-10 (d)(1)(A-C) 121) Sinks in compliance at 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: 2/24/25

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: Sheryl Salvatore
(Person in Charge)
Print Name: Sheryl Salvatore