

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Child Care Date: 2/24/25 Time: 1:40

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: 130/57 # of Staff Present: 24

**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: Investigation 2025-168

**Observations/Corrections needed:**

① Ratios 19a-79-4a(d)(4) Pending completion of investigation.

② Sufficient staff 19a-79-4a(d) - pending

③ Background checks 19a-79-4a(b)(1) - regulation not met when two staff working were not current in BCIS system. Both were status NBC.

\* Discussed new regulation requires that a written plan for administrative oversight of facility be posted in a conspicuous location - must include who is in charge in absence of the director.

④ 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: 3/10/2025

Signature: \_\_\_\_\_

(OEC Representative)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(Person in Charge)

Print Name: \_\_\_\_\_