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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Date: 5/21/25 Time: 1030 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: 12e/51 # 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*** N/A

Purpose of visit: Follow up Case 2025 433

Observations/Corrections needed:

(NS) 19a-79.7a(f)(1)(A)- Program space- Observed 9 children with 2 staff on the side of the classroom by the door - Room measures for 9 children.

Discussed sending in the notification of change form for room to be used for over threes.

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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: Dianna Delohery *(Person in Charge)*

Print Name: Dianna Delohery