

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: All About Kids Date: 7/1/25 Time: 1226
Location Address: 115 Waterbury Ave Telephone #: 203-323-4569
e-mail address: Info@stamfordkids.com License #: 13075 Expiration Date: 2-28-26
Capacity: 33/0 # of Children Present: 33 # of Staff Present: 6

Consent to Inspect Family Child Care Home	<i>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 _____</i>
------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Follow up to 6/26/25 inspection (unnecessary) in Ratio

Observations/Corrections needed:
27 4a(d)(4)(A) - Ratio - OK at inspection

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: AA

Signature: [Signature]
(OEC Representative)
Print Name: Lori Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Nikolena Stelzel