

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Kids Care Child Development Center Date: 6/24/25 Time: 12:42 PM

Location Address: 951 N Main Street Ext Telephone #: 203-265-4505

e-mail address: Kidscarecenter@aol.com License #: 16054 Expiration Date: 7/31/26

Capacity: 147/84 # of Children Present: 120 # of Staff Present: 19

**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: Supervision - Partial  
Case # 2025-130

Observations/Corrections needed:

19a-79-3a(d)(5) Administration - Supervision Policy  
NS Regulation in compliance at time of visit.

19a-79-4a(d)(4)(D) Staffing - Supervision  
NS Regulation in compliance at time of 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: [Signature]

Signature: [Signature]  
(OEC Representative)  
Print Name: Evelyn Vicente-Munoz  
Signature: [Signature]  
(Person in Charge)  
Print Name: Katherine Brandt