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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Child Care Date: 7/9/25 Time: 10:00

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: 83/48 # 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*** N/A

Purpose of visit: Complaint Investigation Case 2025-715

Observations/Corrections needed:

(5) 19a-79-4a(d)(4)-Staffing-Ratios- Per staff interviews, several classrooms were out of ratio on the morning of 7/8/25. One toddler room was 7:1 and a preschool room was 11:1 for about 30 minutes.

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: _____
(OEC Representative)
Print Name: Lauren Hall

Signature: Lewis Kass
(Person in Charge)
Print Name: Lewis Kass