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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Kids Child Care Date: 8/13/25 Time: 10:40 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: 86/39 # 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: Follow up Case 2025-715

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(~~B~~)- Staffing - Ratios - Walk through conducted. No ratio violations at this 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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: Sheryl Salvatore *(Person in Charge)*

Print Name: Sheryl Salvatore