

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Care Child Development Center Date: 4/11/25 Time: 11:07 AM

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

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

Capacity: 107/84 # of Children Present: 92 # of Staff Present: 16

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 _____
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Purpose of visit: Follow up

Observations/Corrections needed:

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

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: YJA

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