

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids In Action Date: 7/27/21 Time: 11:30

Location Address: 215 Pickett District Rd. N. Milford Telephone #: 800-350-3311

e-mail address: Jen@kidsinactionllc.com License #: 70102 Expiration Date: 12/31/24

Capacity: 96/34 # of Children Present: 61 # of Staff Present: 14

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up to full inspection on 6/30/21

Observations/Corrections needed:

no violations at this time 9:1
5:2
11:3
5:2
3:1
7:2
14:3
7:2

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature]
(Person in Charge)
Tracey Granja