

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Place Date: 10-8-21 Time: 10am
Location Address: 90 Hillspoint Rd Westport Telephone #: 703-227-1940
e-mail address: Director@A-Childs-Place.org License #: 12758 Expiration Date: 6-30-25
Capacity: 124 # of Children Present: 89 # of Staff Present: 23

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 NA

Purpose of visit: Partial on violation #130 which was cited on 11-1-21

Observations/Corrections needed:

Program is in compliance with #130 at this time.

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: NA

Signature: Cathy Andersen
(DEC Representative)

Print Name: Cathy Andersen

Signature: Kimberly Smithe
(Person in Charge)

Print Name: Kimberly Smithe