

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Place Date: 2.14.22 Time: 1240

Location Address: 90 Hillspoint Rd Westport Telephone #: 203.227.1940

e-mail address: Director@a-childs-place.org License #: 12758 Expiration Date: 6-30-25

Capacity: 124 # of Children Present: 80 # 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 _____

Purpose of visit: LM Follow up on violation #130 (cited on 11.1.21)
Partial

Observations/Corrections needed:

130- OK at inspection 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: NIA

Signature: [Signature]
(OEC Representative)

Print Name: Lon Mangano

Signature: [Signature]
(Person in Charge)

Print Name: Kimberly Sicotte