

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids In Action Date: 6/29/12 Time: 8:30

Location Address: 215 Pickett District Rd Telephone #: \_\_\_\_\_  
N. Milford

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

Capacity: 95/36 # of Children Present: 72 # of Staff Present: 18(1)

**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 on ratio

Observations/Corrections needed:

ratio in compliance ~~ratio in compliance~~  
20:4  
24:4  
2:2  
2:1  
5:1  
7:2  
6:2  
6:2

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

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

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

Signature: [Signature]  
(OEC Representative)  
Print Name: Trish Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Tracey Granja