

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Kid's Place 2 Date: 7/29/22 Time: 8:30am

Location Address: 111 Ridgfield Rd Wilton, Ct. 06897 Telephone #: (203) 761-0091

e-mail address: akidsplace2wilton@gmail.com License #: 70387 Expiration Date: 12-31-25

Capacity: 15 # of Children Present: 1 # of Staff Present: 2

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 - Safe Sleep

Observations/Corrections needed:

130 - 1 Crib sheet loose, not tight fitting for pack + play
belonging to a child who is 6 months old

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: 8.11.22

Signature: [Signature]

Print Name: Jim R Roberts
(OEC Representative)

Signature: [Signature]

Print Name: Karen Cooke
(Person in Charge)