☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Kid's Place 2 Date: 8/5/22 Time: 1035am

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

e-mail address: akidsplace2wiltonct@gmail.com License #: 70387 Expiration Date: 12.31.25

Capacity: 15 # of Children Present: 6 # of Staff Present: 3

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: Follow Up- Safe Sleep

Observations/Corrections needed:

No Violations at this visit

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: T. R Roberts
(OEC Representative)

Print Name: Terri R Roberts

Signature: Kerri Kaminski
(Person in Charge)

Print Name: Kerri Kaminski