

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Kid's Place 2 Date: 11/15/22 Time: 9:15 AM

Location Address: 111 Ridgely 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: 10 # of Staff Present: 4

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: Partial

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: [Signature]

Print Name: Tom Roberts
(OEC Representative)

Signature: [Signature]

Print Name: Karen Cooke
(Person in Charge)