

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Kids Place Date: 12.7.23 Time: 1253
Location Address: 10 Elmwood Ave Telephone #: 203 899.0091
e-mail address: akpdirector@gmail.com License #: 116212 Expiration Date: 2-28-26
Capacity: 218 # of Children Present: 19 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow Up to 11.20.23 inspection on Ratio # 110

Observations/Corrections needed:

#110 Ratio - observed 2 staff with 10 children under 3s in toddler room
#111 Group size - observed 10 children under 3 in toddler room
Ratio #21 observed 9 children over 3 without a teacher in the room.
Teacher was in bathroom.
19a-79-4a(c)(4)(D) supervision - children in over 3s room were not supervised when teacher went to bathroom, leaving children unattended

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

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

Signature: _____
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12.21.23

Signature: _____
(Person in Charge)