

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://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 Kid's Place Date: 12.15.23 Time: 9:07  
Location Address: 10 Elmwood Ave Norwalk Telephone #: 203 899-0091  
e-mail address: akpdirector@gmail.com License #: 16212 Expiration Date: 2.28.26  
Capacity: 21/18 # of Children Present: 7 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: 2nd Follow up to 11.20.23 and 12.7.23 inspections

Observations/Corrections needed:

#21. Ratio (over 3s) OK at inspection

#110. Ratio (under 3s). OK at inspection

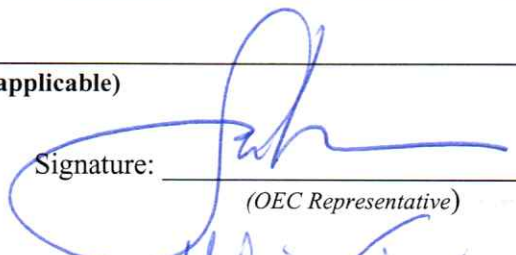
#111. Group size - OK at inspection

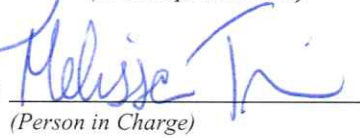
19a-79-4a(c)(4)(D) Supervision - OK at inspection

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:  \_\_\_\_\_  
(OEC Representative)

Signature:  \_\_\_\_\_  
(Person in Charge)