

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Kids Krunst @ Wesley School Date: 3/20/25 Time: 1:47am  
Location Address: Wesleyan Hills Rd Middletown Ct Telephone #: 959-237-2867  
e-mail address: bcanhson@midymca.org License #: 15057 Expiration Date: 2/28/26  
Capacity: 60 # of Children Present: 6 # 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> _____ <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up from inspection conducted 2/10/25  
Playground was not inspected due to snow coverage.

Observations/Corrections needed:

All items left blank on the inspection were inspected

No violations at time of 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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Camryn Pope