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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Date: 7-19-21 Time: 1250

Location Address: 1245 Fairfield Ave Bridgeport Telephone #: 203-330-0801

e-mail address: funCreativechildren@Yahoo.com License #: 14307 Expiration Date: 12/31/21

Capacity: 104 # of Children Present: 54 # of Staff Present: 14

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: replaced fence

Observations/Corrections needed:

fence is in Compliance at this time.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature:
(Person in Charge)
Print Name: DiAysha Brown