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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WOW Kids Learning Center Date: 11/2/21 Time: 1:50

Location Address: 600 Danbury Rd. New Milford, CT Telephone #: 860-210-3623

e-mail address: wowlearningcenter@faithchurch. License #: 14228 Expiration Date: 4/30/22

Capacity: 72/24 # of Children Present: 42 # of Staff Present: 8(2)

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: follow up

Observations/Corrections needed:

no violations

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: KMorgan
(OEC Representative)

Print Name: Kristi Morgan

Signature: _____
(Person in Charge)

Print Name: _____