

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids World Childcare Date: 10/15/21 Time: 9:00am

Location Address: 465 W Main St. Norwich, CT Telephone #: 840 892-5437

e-mail address: kidsworldchildcare@yahoo.com License #: 15710 Expiration Date: 3/31/2022

Capacity: 61^{u3 32} # of Children Present: 21^{u3 11} # of Staff Present: 9

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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Follow up supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at the time of the 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: N/A

Signature: Stephanie Pia
(OEC Representative)

Print Name: Stephanie Pia

Signature: Sarah Holmes
(Person in Charge)

Print Name: Sarah Holmes