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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WOW Kids Learning Center + Child Care Date: 3/29/22 Time: 10:30

Location Address: 600 Danbury Rd. N. Milford Telephone #: 860-210-3623

e-mail address: gina.bisZantz@faithchurch.cc License #: 116228 Expiration Date: 4/30/22

Capacity: 86/32 # of Children Present: 43 # of Staff Present: 10(1)

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: partial inspection after office meeting

Observations/Corrections needed:

38 - 1 individual care plan not signed by staff; 1 not signed by parent.

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: 4/12/22

Signature: _____ *(OEC Representative)*

Print Name: Kristin Morgan

Signature: _____ *(Person in Charge)*

Print Name: Gina Biszantz