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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Preschool - childcare Date: 8/10/22 Time: 1:45

Location Address: 449 Grassy Hill rd. Woodbury Telephone #: 203-266-6663

e-mail address: cpreattendance@yahoo.com License #: 15232 Expiration Date: 4/30/25

Capacity: 20/4 # of Children Present: 11 # of Staff Present: 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 to full inspection on 7/26/22

Observations/Corrections needed:

7L - Cabinet Unlocked with toxins inside

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: 8/24/22

Signature: _____ *(OEC Representative)*

Print Name: Kristi Moore

Signature: _____ *(Person in Charge)*

Print Name: Makayla M. Cura