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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Academy Date: 10/18/22 Time: 1:19

Location Address: 449 Grassy Hill Rd WDBY Telephone #: 203-266-0063

e-mail address: apr.abundance@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: partial inspection on ratio, group size, supervision

Observations/Corrections needed:

19a-79-~~8a~~ 10 @ (c)(2) - observed 2 children under the age of 3 with 1 teacher + 7 children total. 4:1 7:1

#110

19a-79-~~8~~0 (c)(3) - observed ~~4~~ children under the age of 3 in a group of 11 - gate to under 3 room not ~~open~~ closed.

#111

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: 11/2/22

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Anne Evans