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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's Work Pre-School + Child care Date: 10/25/22 Time: 2:20

Location Address: 449 Grassy Hill Rd. Woby Telephone #: 203-263-0063

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

Capacity: 20/4 # of Children Present: 9 # 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 on ratio + group size

Observations/Corrections needed:

in compliance today. 4:1 5:1

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: _____ *(OEC Representative)*

Print Name: _____

Signature: Anne F Evans *(Person in Charge)*

Print Name: Anne F Evans