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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Preschool Date: 2/15/23 Time: 2:15

Location Address: 449 Grassy Hill Rd Woodbury Telephone #: 203-264-0063

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

Capacity: 20/4 # of Children Present: ~~2~~ 3 # 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 to office meeting

Observations/Corrections needed:

ratio in compliance BM 8:2

group size in compliance 3 under 3

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 Lucas *(Person in Charge)*

Print Name: Anne Lucas