

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Abundance of Joy Date: 2/21/23 Time: 9:40

Location Address: 195 N. Main St Ansonia Telephone #: 475 777-5901

e-mail address: abundancejoy199@gmail.com License #: 70593 Expiration Date: 2/31/24

Capacity: 64 # of Children Present: 5 # of Staff Present: 2

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature*

Purpose of visit: Follow Up - Ratio's

Observations/Corrections needed:

observed staff take 2 children to answer door
Per director new staff hired as extra staff. Program
in compliance for ratio

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: Jame Fortin

Print Name: Jame Fortin
(OEC Representative)

Signature: J

Print Name: Jahyanm Jackson
(Person in Charge)