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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Date: 5-9-23 Time: 1130 am

Location Address: 1245 Fairfield Ave Bridgeport Telephone #: 203-330-0801

e-mail address: funcreativechildren@yahoo.com License #: 14307 Expiration Date: 12-31-25

Capacity: 104 # of Children Present: 52 # of Staff Present: ~~18~~ 13 CA

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 Violation #21 (ratio) that was cited on 5-5-23

Observations/Corrections needed:

#21 (ratio) - In compliance at this time.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Cathy Anderson
(OEC Representative)
Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NS

Signature: _____
(Person in Charge)
D'Naysha Brown