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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Date: 4/18/23 Time: 12:30

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

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

Capacity: 20 # 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: Follow up Ratios

Observations/Corrections needed:

Ratios in compliance at visit. 1 staff with 2 toddlers and 1 staff with 9 preschoolers.

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: 6/22/23

Signature: Jayme Foster (OEC Representative)

Print Name: Jayme Foster

Signature: Anne P. Evans (Person in Charge)

Print Name: Anne P. Evans