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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child's World Date: 6/26/23 Time: 1:25pm

Location Address: 1245 Fairfield Ave Bpt Telephone #: 203.330.0801

e-mail address: kuncreativechildren@yahoo.com License #: 14307 Expiration Date: 12.31.25

Capacity: 104 # of Children Present: 53 # of Staff Present: 7

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 on #21 (ratio) which was cited on 5.5.23

Observations/Corrections needed:

#21 ratio - OK at inspection

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: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Nahida Binda