

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Creative Learning Center Date: 12/23/21 Time: 8:45

Location Address: 3580 Main St. Hartford, CT 06120 Telephone #: 860-263-7664

e-mail address: kidscreativelearningcenter@gmail.com License #: 70492 Expiration Date: 6/30/23

Capacity: 64 (28 ↓) # of Children Present: 31 (16 ↓) # of Staff Present: 8

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up on ratio

Observations/Corrections needed:

Ma-79-10(c)(2) Ratio → Observed 6 children under 3 with 1 staff upon arrival for about 15 min.

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: 1/6/21

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Amanda Gonzalez