

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miss Nicoles Creative Learning Center Date: 3/7/22 Time: 9:15

Location Address: 460 Racebrook Rd. Orange Telephone #: 203 298-4660

e-mail address: misslex.clc@gmail.com License #: 70425 Expiration Date: 8/31/22

Capacity: 45/29 # of Children Present: 41/18 # of Staff Present: 9+

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: Investigation 2022-122

Observations/Corrections needed:

PIC: Lex Trenske, Nicole DeAngelo

(NS) 19a-79-5a(a)(3)(A) Record keeping, injury report - operator provided copy of injury report.

(NS) 19a-79-4a(f)(2) written verification of first aid - operator provided valid first aid certificate for staff.

(S) 19a-79-7a(c)(2) equipment in good repair - operator failed to have stroller in good repair when a locking piece on the harness was cracked, let go, and a child slipped out of seat hitting the driveway.

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: 3/21/2022

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Lex Trenske
(Person in Charge)
Print Name: [Signature]