

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Creative Learning Center Date: 5/16/22 Time: 1:30

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: 41 22 # of Staff Present: 11

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.</i> <u>Provider/Applicant/Substitute's Signature</u>
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Purpose of visit: Unannounced Partial Inspection
-Ratio

Observations/Corrections needed:

No violations observed at time of visit.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Carmen M. Contreras