

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Minds in Motion Childcare Date: 9/12/22 Time: 12:30

Location Address: 458 Danbury Rd. Unit D6 New Milford Telephone #: 860 799-0735

e-mail address: laura@mimchildcare.com License #: 70612 Expiration Date: 4/29/23

Capacity: 48/8 # of Children Present: 4 # of Staff Present: 2

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>
--	---

Purpose of visit: Follow-up for visit on 8/26/22 2022-649

Observations/Corrections needed:

(NS) 19a-79-3a(d)(5) - Supervision policies - operator in compliance with this regulation at time of follow-up 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: N/A

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Laura Andronaco
(Person in Charge)

Print Name: Laura Andronaco