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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Children's Korner Date: 11/4/22 Time: 9:15

Location Address: 103 Main St. Ridgefield Telephone #: 203-438-3001

e-mail address: jhajkovc@sbcglobal.net License #: 13874 Expiration Date: 5/31/24

Capacity: 35/10 # of Children Present: 18 # of Staff Present: 3

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: follow up on background checks

Observations/Corrections needed:

I observed 18 children on site with 3 staff with a current background check. Director is on site without a current background but not providing direct care to the children.

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: Kristi Morgan

Signature: _____
(Person in Charge)

Print Name: Helen Travacs