

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Minds Early Childhood Center Date: 12/12/22 Time: 8:50 AM
Location Address: 234 Greenfield St. Fairfield, Ct. 06825 Telephone #: (203) 330-0790
e-mail address: CreativeMinds17@yahoo.com License #: 70116 Expiration Date: 7-31-25
Capacity: 48 # of Children Present: 13 # of Staff Present: 4

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: BCIS Follow Up

Observations/Corrections needed:

18b - Observed 1 staff in work supervised status working alone with children and 1 staff in needs bc status also working with 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.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12-16-22

Signature: [Signature]
(Person in Charge)