

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Hearts Learning Academy Date: 11/4/23 Time: 9:50a^m

Location Address: 30 Tobey Rd. Bloomfield, CT 06002 Telephone #: (860) 263-8868

e-mail address: fleeing_chi@a_gmail.com License #: 70433 Expiration Date: 9/30/26

Capacity: 63 # of Children Present: 36^{u3 23} # 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.</i> Provider/Applicant/Substitute's Signature <u>NIA</u>
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Purpose of visit: Comsp Follow up - Ratio

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the 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: NIA

Signature: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia
Signature: Leah Fleeting
(Person in Charge)
Print Name: Leah Fleeting