

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Imagine Nation - A museum Early Learning Ctr Date: 3-30-23 Time: 11:30

Location Address: 1 Pleasant St., Bristol Telephone #: 860 314 1400

e-mail address: leah.zukauskas@imagine-nation.org License #: 16710 Expiration Date: 6-30-25

Capacity: 147 # of Children Present: 109 # of Staff Present: 20

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: case # 2023-239

Observations/Corrections needed:
S-19a.79.3a (b)(8)(A)- staff did not manage child behavior using techniques based on developmentally appropriate practices when she grabbed a child by one arm and held a child down on a cot.

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] Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4-13-23

Signature: Leah Zukauskas
(Person in Charge)
Leah Zukauskas