

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Beginnings Learning Center Date: 5-18-25 Time: 10:36

Location Address: 3 Technology Drive Wallingford Telephone #: 203-294-1546

e-mail address: directors@creativebeginningslc.com License #: 70358 Expiration Date: 6-30-25

Capacity: 83/44 # of Children Present: 62/31 # of Staff Present: 13

| | |
|--|---|
| 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 for group size

Observations/Corrections needed:

#1111 observed all groups of children under 3 to be in appropriate group size of 8 or less.

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: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

Signature: Amy Ahern
(Person in Charge)

Print Name: Amy Ahern