

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Minds Early Childhood Center Date: 6/26/23 Time: 9:50 am
Location Address: 234 Greenfield Street Fairfield, Ct 06425 Telephone #: (203) 330-0790
e-mail address: creative.minds.17@yahoo.com License #: 70116 Expiration Date: 7-31-25
Capacity: 48 # of Children Present: 31 # of Staff Present: 6

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: Safe Sleep Follow Up

Observations/Corrections needed:

Addendum to report dated 6-20-23 = Number of children present were 27 and 8 staff

No violations at this 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: N/A

Signature: T. R. Roberts
(OEC Representative)
Print Name: TERRI R ROBERTS
Signature: L. Maxime
(Person in Charge)
Print Name: Lunie Maxime