

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Creative Hearts Learning Academy Date: 7/18/23 Time: 1:45pm

Location Address: 30 Tobey Rd Bloomfield Ct Telephone #: 860-263-8868

e-mail address: lfleetng.chla@gmail.com License #: 70433 Expiration Date: 9/30/26

Capacity: 63 # of Children Present: 48 # of Staff Present: 13

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|--|--|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | <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><br>Provider/Applicant/Substitute's Signature _____ |
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Purpose of visit: Follow up on supervision and safe sleep.

Observations/Corrections needed:

19a-79-4a(c)(4)(D): Supervision → In Compliance at time of inspection

19a-79-10(g)(3): Safe Sleep → In Compliance at time of inspection.

Discussion

→ DEC Access to program.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]  
(Person in Charge)

Print Name: Leah Fleetng