

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

SUPPLEMENTAL REPORT OF INSPECTION

2:30
8:30

Name of Program/Provider: Minds In Motion Childcare Date: 8/1/23 Time: 8:30

Location Address: Danbury rd. n. milford Telephone #: 860-799-0135

e-mail address: Laura@mimchildcare.com License #: 70612 Expiration Date: 4/30/25

Capacity: 48/8 # of Children Present: 7 # of Staff Present: 4(1)

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: partial inspection on safe sleep

Observations/Corrections needed:

in compliance today. 5:2
2:2

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: Kristi Morgan
(OEC Representative)

Print Name: Kristi Morgan

Signature: Julia Ocasio
(Person in Charge)

Print Name: Julia Ocasio