



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Program Name</b>	MINDS IN MOTION CHILDCARE				<b>License Number</b>	DCCC.70612	<b>Date of Inspection</b>	04/01/2024
					<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	12:10 PM
<b>Address</b>	458 DANBURY RD UNIT D6  NEW MILFORD CT 06776				<b>Telephone</b>	(860) 799-0735	<b>Total Capacity</b>	48
					<b>Days and Hours</b>	M-F 6:30AM - 6:30PM	<b>Under Three Capacity</b>	8
<b>#Children Present</b>	12	<b># Under 3 Present</b>	7	<b># Staff Present</b>	4		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to 3/8/24 full inspection				<b>Name of Inspector</b>	Jaime Fortin		
<b>Program's Email</b>	mindsinmotionchildcare@yahoo.com				<b>Inspector's Email</b>	jaime.fortin@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments

<b>Other Findings - In Compliance</b>		
<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>

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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Program in compliance with violations from 3/8/24 visit. Staff physical was conducted 3/20 however doctor did not have form ready until today.

**Comments:**

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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Jaime Fortin</b> (Printed Name)	(Printed Name)		<b>Jasmine</b> (Printed Name)