

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creating Kids at the CT Children's Museum Date: 11-19-24 Time: 9:45

Location Address: 22 Wall St., New Haven Telephone #: 203-562-5437

e-mail address: director@thechildrensmuseum.org License #: 13946 Expiration Date: 6-30-25

Capacity: 48 # of Children Present: 29 # of Staff Present: 8

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: 3 month follow up case # 2024-573

Observations/Corrections needed:

NS - 19a.79-4a(d)(4)(D) - supervision - observed
proper supervision in all
classrooms

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: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Sabrina Silverstein