

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Creatives Learning Center Date: 1/27/25 Time: 1:40 pm
Location Address: 3580 Main St Hartford Ct 06120 Telephone #: 860-263-7664
e-mail address: kidscreativelearningcenter@gmail.com License #: 70492 Expiration Date: 4/30/27
Capacity: 108/60 # of Children Present: 28/33 # of Staff Present: 13+

**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: Follow up to inspection conducted on 1/13/25

Observations/Corrections needed:

19a-79-4a(d)(4)(A): Ratio: In compliance at time of visit

19a-79-4a(d)(4)(D) Supervision: In compliance at time of visit

19a-79-10(g)(1) Safe Sleep: In compliance at time of 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: _____

Signature: [Signature]

(OEC Representative)

Print Name: Johanne Dale

Signature: [Signature]

(Person in Charge)

Print Name: Carmen M. Santiago