

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Child Center Date: 5/2/25 Time: 11:00 AM

Location Address: 263 Farmington Ave Farmington Telephone #: 860 679 2124

e-mail address: brush@uchc.edu License #: 13600 Expiration Date: 8/31/26

Capacity: 82/50 # of Children Present: 48 # of Staff Present: 14

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 <u>N/A</u>
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Purpose of visit: Self report Case 2025-413

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - A child was accidentally burned by a drip of hot water from her bottle that was warmed in a bottle warmer.

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: 5/16/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Barbara Brush