

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Imagine Nation Date: 5/9/25 Time: 10:30

Location Address: Pleasant St. Bristol Telephone #: 860 314 1400

e-mail address: Michelle.fangiullo@imagine-nation.org License #: 16710 Expiration Date: 6/30/25

Capacity: 147/142 # of Children Present: 109/113 # of Staff Present: 23

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 2025-429

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing Child behaviors -
Staff failed to appropriately manage a child's behavior when she
was seen kicking a child's chair causing him to fall out of his
chair.

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: 5/23/25

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)
Print Name: Michelle Fangiullo