

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creating Kids at the Ct Children Date: 7-24-25 Time: 12:40  
MUSEUM

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

e-mail address: director@thechildrensbldg.org License #: 13946 Expiration Date: 6-30-29

Capacity: 48/16 # of Children Present: 28/10 # of Staff Present: 8

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Follow-up to inspection dated 7-16-25

**Observations/Corrections needed:**

S #28 Supervision observed staff sitting in doorway to crib room, interacting with staff and child in classroom. Staff not adequately supervising children in nap room by sight, staff member was able to hear all sleeping children. Staff must be within the four walls of the naproom for adequate supervision - Observed 1 staff sleeping in big kids room. Observed 18 children, not all asleep, with 2 staff, ~~and~~ with one of the 2 asleep, unable to adequately supervise all children.

S #118 under 3 ratio - Observed 1 staff with 6 children, in the baby room, when 1 staff was observed in the "kitchen" with their head in the mid-kids room, interacting with staff in the mid kids room. Leaving 1 staff in the infant room.

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: - 8-7-25

Signature: Jennifer Schulz  
(OEC Representative)  
Print Name: Jen Schulz  
Signature: Lorraine Rogers  
(Person in Charge)  
Print Name: Lorraine Rogers