☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miss Nicole's Creative Learning center Date: 8/6/25 Time: 11:30

Location Address: 11 Research Dr. Woodbridge Telephone #: 203-291-0577

e-mail address: missLex.cac@gmail.com License #: 70904 Expiration Date: 1/31/29

Capacity: 80/24 # of Children Present: 46 # of Staff Present: 11

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: Investigation Case 2025-781

Observations/Corrections needed:

(S) 19a-79-3a(d)(5) - Administration - Supervision policy - program failed to implement their supervision plan in the preschool classroom.

(S) 19a-79-4a(d)(4)(D) - Staffing - Supervision - program failed to properly supervise children when 3 children were in an area of the classroom for approximately 4 minutes where the teacher did not have direct eye sight line.

(S) 19a-79-5ea(a)(4) - record keeping - video recordings - program failed to maintain 30 days worth of video recording.

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: 8/20/25

Signature: _____ (OEC Representative)

Print Name: Lynn Morgan

Signature: _____ (Person in Charge)

Print Name: Alexa Trenske