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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miss Nicole's Creative Learning Center Date: 9/18/25 Time: 9:45

Location Address: 11 Research Dr. Woodbridge Telephone #: 203-298-0577

e-mail address: _____ License #: 70804 Expiration Date: 1/31/29

Capacity: 50/26 # of Children Present: ~~45~~ 46 # of Staff Present: 12

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: Case 2025-781 - follow up

Observations/Corrections needed:

(ns) 19a-79-4a (d)(4)(D) - Staffing - Supervision - in compliance 5:2. P:2 6:1 7:2

(s) 19a-79-10 (g)(4) - Under 3 endorsement - SAFE SLEEP - 1 of 2 observed 1 infant sleeping in a swing. 6:1

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: 10/2/25

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Nicole Pressley