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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 9/3/21 Time: 12:00

Location Address: 350 Old State Rd 67 Telephone #: 203 888-1020

e-mail address: CreativeStartsCT@hotmail.com License #: 705214 Expiration Date: 10/31/23

Capacity: 59 # of Children Present: 29 # of Staff Present: 7

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: Follow Up to 8/26/21 Inspection

Observations/Corrections needed:

19a-79-3a: Masks In Compliance

19a-79-10

110 - Ratio: In Compliance at visit

111 - Group Size: In Compliance at visit

112 - Barriers: In Compliance at visit

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: n/a

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: Karen L Sapko
(Person in Charge)
Print Name: Karen L Sapko