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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 3/29/22 Time: 12:30

Location Address: 350ld State Rd 67 Oxford Telephone #: (203)888-1020

e-mail address: creative.starts@hotmail.com License #: 705241 Expiration Date: 10/31/23

Capacity: 59 # of Children Present: 41 # 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: Partial Inspection

Observations/Corrections needed:

1- Local Health Inspection - 8/30/21 - In Compliance

15- Radon test - 3/17/22 In Compliance.

(40)- Menu's - Not dated - Not in Compliance.

74- Lighting In compliance.

102- Emergency Medication → In compliance. Discussed - Parent to check appropriate Boxes on form.

(110)- During walk through observed 6:1 Ratio in toddler room (child was not sleeping) 2nd staff not in building.

111- Group Size - In Compliance

112- Physical Barriers - In Compliance.

Discussed: Electric heater in office.

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: 4/12/22

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

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