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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 5/2/22 Time: 12:50

Location Address: 35 Old State Rd 67 Oxford Telephone #: 203 888-1020

e-mail address: creativestartsehotmail.com License #: 70524 Expiration Date: 10/31/23

Capacity: 59 # of Children Present: 38 # 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 Partial Inspection on 3/29/22

Observations/Corrections needed:

(110) Ratios of 7:1 observed at visit. Children sleeping but 2nd staff not on licensed premise; Per Director staff was having lunch in car.

Additional violations at visit:

19a-79-10 (129) observed Infant sleeping in bouncy chair and not Crib

(130) observed infant sleeping with fleece Blanket in Crib

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: 5/16/22

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Karen Sopko (Person in Charge)

Print Name: Karen Sopko