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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 5/16/22 Time: 8:50

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

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

Capacity: 59 # of Children Present: 33 # 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- Safe sleep/Ratios

Observations/Corrections needed:

Program in compliance for safe sleep and Ratio's.

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: 5/30/22

4:1 3:1 3:1
15:2 8:2

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

Signature: Karen Stopko
(Person in Charge)
Print Name: Karen Stopko