☐ Initial ☑ Unannounced Full (Partial) ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 7/22/22 Time: 12:30

Location Address: 35 Old State Road 67 Telephone #: (203) 888-1020

e-mail address: Creativestartsehotmail.com License #: 10524 Expiration Date: 10/31/23

Capacity: 59 # of Children Present: 34 # of Staff Present: 9

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 - based on 8/26/21 and 3/29/22 Inspections.

Observations/Corrections needed:

1- Local Health Inspection: In Compliance

15- Radon test: - in compliance

40- Menu's: In Compliance

74- Preschool lighting at tables: - In compliance

102- Medication Authorized Prescriber/Parent: In compliance

110- Ratios: In Compliance

111- Group Size: In Compliance

112: Physical Barriers - In compliance

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/4/22

Signature: _____
(Person in Charge)