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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Oxford Learning Date: 9/20/22 Time: 11:30

Location Address: 35 Old State Rd Oxford Telephone #: 203888-1020

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

Capacity: 59 # of Children Present: ~~38~~ 42 # of Staff Present: 10

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

Observations/Corrections needed:

playscape fence posts added, so when children are on step up- the fence is at 48 inches on top playscape

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: N/A

Signature: Karen Flynn
(Person in Charge)