

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 4/28/23 Time: 12:00
Location Address: 3501d State Rd 67 Oxford Telephone #: (263) 888-1020
e-mail address: creativestart@hotmail.com License #: 70524 Expiration Date: 10/31/23

Capacity: 59 # of Children Present: 42 # 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: Follow up Fingerprinting

Observations/Corrections needed:

reviewed staff attendance records and staff names asked during walk through. Program 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: _____

James Fortner
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/12/23

Signature: _____

Queen Shupku
(Person in Charge)