

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative M9 Date: 3/21/2023 Time: 11:55AM

Location Address: 446A Blake St. New Haven, CT 06515 Telephone #: 203-859-2804

e-mail address: creativemellc@yahoo.com License #: 70147 Expiration Date: 11/30/2025

Capacity: 30 # of Children Present: 39 # of Staff Present: 7

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up for ratio

Observations/Corrections needed:

- 1:11 - school age room
- 1:3 - under 3 years
- 2:6 - under 3 years
- 1:6 - preschool
- 2:13 - preschool

*145 - observed 1:11 in school age room

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: 9/1/2023

Signature: *[Signature]*
(OEC Representative)

Print Name: BUDGET & MERRILL

Signature: *[Signature]*
(Person in Charge)

Print Name: Michele Ellis