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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Date: 1/9/25 Time: 8:15

Location Address: 35 Old State Road Oxford Telephone #: _____

e-mail address: _____ License #: 70524 Expiration Date: 10/31/27

Capacity: 60/32 # of Children Present: 22/14 # of Staff Present: 6

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 inspection on safe sleep + ratio + supervision

Observations/Corrections needed:

8:1 in compliance today

2:2

4:1

8:2

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: N/A

Signature: _____
(OEC Representative)
Print Name: Erin Morgan

Signature: Dawn Thompson
(Person in Charge)
Print Name: DAWN THOMPSON