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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Learning Center Date: 4.23.25 Time: 1:30pm

Location Address: 35 Old State Rd 67 Telephone #: 203-888-1020

e-mail address: marta@creativestartslc.com License #: 70524 Expiration Date: 10/31/27

Capacity: 60 # of Children Present: 45 # of Staff Present: 11

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*** n/a

Purpose of visit: Safe sleep follow up

Observations/Corrections needed:

#130(g)(1) ✓OK

#130(g)(8) ✓OK

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: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

Signature: Skylar Licari
(Person in Charge)
Print Name: Skylar Licari