

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Learning Center Date: 4/30/25 Time: 12:22
Location Address: 2189 Barnum Ave Stratford Telephone #: 203-612-7717
e-mail address: marta@creativestartsLC.com License #: 70139 Expiration Date: 9/30/25
Capacity: 45 # of Children Present: 33 # of Staff Present: 7

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|--|--|
| 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.</i> Provider/Applicant/Substitute's Signature <u>NA</u> |
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Purpose of visit: Follow up to 3/26/25 inspection FM

Observations/Corrections needed:

#2 ensuring health and safety was in compliance at this visit when during walk thru at nap time all children were resting using safe sleep practices and in ratio

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: NA

Signature: [Signature]
(OEC Representative)
Print Name: Fi Montenyce
Signature: [Signature]
(Person in Charge)
Print Name: Samantha Ottowell