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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Starts Learning Center Date: 7·24·25 Time: 2:00pm

Location Address: 35 old State Rd -47 Telephone #: 203-888-1020

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

Capacity: 60/32 # of Children Present: 42 # of Staff Present: 8

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 partial

Observations/Corrections needed:

★ NO violations

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: M. [illegible]
(Person in Charge)

Print Name: