

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Daughters of Charity of the most Precious Blood Date: 7/26/21 Time: 1:00

Location Address: 1490 North Ave Bridgeport Telephone #: 203-334-7000

e-mail address: DCPB Doyle@gmail.com License #: 12941 Expiration Date: 10-31-21

Capacity: 20 # of Children Present: 2 # of Staff Present: 2

**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 NA

Purpose of visit: Follow up on #20 (Two Staff Present)  
that was cited on 7/9/21

Observations/Corrections needed:

2 Staff Present with 2 Children at this inspection. Program  
is in compliance at this time.

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

Signature: Rosamma Joseph  
(Person in Charge)

Print Name: Rosamma Joseph