

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julian Gordon Date: 9/10/21 Time: 11:11am
Location Address: 11666 Fairfield Ave Bridgeport 06605 Telephone #: 203 243-3720
e-mail address: preciousgifts@school@yahoo.com License #: 54995 Expiration Date: 8/31/2022
Capacity: 6+3 # of Children Present: 6/0/18mo. # of Staff Present: 1

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: Julian Gordon

Purpose of visit: Follow up to Inspection Dated 8/17/21

Observations/Corrections needed:

- ✓ #4 Capacity in compliance today: 6/0/18 mos.
- #14 } Provider has an appointment this Saturday, Sept. 11, 2021
#15 } for the CT Childcare 1st Aid/CPR AED course;
Submit certificate once completed (observed course confirmation)
- #21 Provider has not made an appointment for ① household member to have background check completed.
- ✓ #35 Carbon Monoxide Detector observed in basement.
- ✓ #36 Observed new fire extinguisher installed / fully charged in kitchen.
- ✓ #48 Observed up to date emergency numbers.

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: 9/24/21

Signature: Rebecca Cruellas
(OEC Representative)
Print Name: Rebecca Cruellas
Signature: Julian Gordon
(Person in Charge)
Print Name: Julian Gordon

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julian Gordon License # 54995 Date: 9/10/21

Observations/Corrections needed:

#50 Per provider hasn't purchased 2 instant cold pack or the CPR mouth barrier that were missing from the first aid supplies.

#53 One child no longer attends; observed enrollment form for the 2nd child; one child had start date filled in.

#54 one child no longer attends; one child has an appointment on 9/28/21; observed current physical for 1 child; still missing up to date physical for 1 child.

#55 one child no longer attends; one child has an appointment on 9/28/21; observed current immunizations for 1 child; still missing immunizations for 1 child; observed current immunizations for 1 child.

#56 3 emergency permissions on file.

#57 3 authorized release permissions on file

#58 4 transportation permissions on file.

#60 4 incident log on file.

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Signature: Rebecca Cuvelles (OEC Representative)

Print Name: Rebecca Cuvelles

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Julian Gordon (Person in Charge)

OEC BY: 9/24/21

Print Name: Julian Gordon