☐ 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: 10-7-21 Time: 9:50am

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

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

Capacity: 20 # of Children Present: 4 # of Staff Present: 3

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: Partial - On Two Staff Present called on 7-19-21

Observations/Corrections needed:

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: Monica C. Ama
(Person in Charge)
Print Name: Sr. Monica Ama