

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Teddy Bear Corner Date: 12/7/21 Time: 110 pm
Location Address: 414 Greenfield Street Fairfield, Gt. 06825 Telephone #: (203) 330-0302
e-mail address: dawn@teddybearcorner.com License #: 15528 Expiration Date: 3-31-25
Capacity: 57 # of Children Present: 46 # of Staff Present: 14

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to 10.5.21 Partial

Observations/Corrections needed:

No violations at this visit

114 - in compliance

116 - in compliance

123 - in compliance

124 - in compliance

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: T. Roberts
(OEC Representative)
Signature: Terri Roberts
(Person in Charge)

Gabrielle Perri