

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: St. Marks Child Care Center Date: 12/20/21 Time: 12:30

Location Address: 368 Newfield Ave #70 Bridgeport Telephone #: 203 335-3828

e-mail address: denise.clemons@smdcc.org License #: 14048 Expiration Date: 1/31/22

Capacity: 198/48 # of Children Present: 33 # of Staff Present: 7

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|--|---|
| <b>Consent to Inspect<br/>Family Child Care Home</b> | <i>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.<br/>Provider/Applicant/Substitute's Signature _____</i> |
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Purpose of visit: Partial inspection

Observations/Corrections needed:

NS 19a-79-10(c)(3) Under three endorsement, group size.  
Operator was in compliance with this regulation at time of inspection

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: *Karen Hicks*  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: *D. L. Clemons*  
(Person in Charge)  
Print Name: Denise L. Clemons