

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Marks Daycare Date: 2/4/22 Time: 8:50

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

e-mail address: thsmdcc@gmail.com License #: 14048 Expiration Date: 1/31/26

Capacity: 198/48 # of Children Present: 11 # of Staff Present: 8

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 _____
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Purpose of visit: Investigation 2022-57

Observations/Corrections needed:

(NS) 19a-~~87b~~⁷⁹-4a(c)(4)(D) Staffing, supervision - unable to substantiate that operator failed to supervise children sufficiently.

(NS) 19a-~~87b~~⁷⁹-5a(a)(3)(A) Record keeping, injury report
Operator provided copies of injury reports, not signed by parent

(S) 19a-79-10(e)(7) Under three endorsement, diapering, hand washing - operator failed to ensure that children's and staff's hand were washed before and after each diapering when staff changed three children without washing own hands and hands of children. - as observed during video review.

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: 2/18/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Tenisha Holeyfield
(Person in Charge)

Print Name: Tenisha Holeyfield