

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Marks Day Care Date: 2/9/21 Time: 10:00
AM

Location Address: 308 Newfield Ave. Bridgeport Telephone #: 203 335 3828

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

Capacity: 198/48 # of Children Present: 54 # of Staff Present: 15+

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 N/A

Purpose of visit: Complaint Investigation Case 2022-67

Observations/Corrections needed:

(NS) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - No evidence to support that the program is not following the enhanced safety measure set forth due to the pandemic.

(NS) 19a-79-9a(b)(2) - Administration of Medications - Training - Staff have current certificates. No evidence to support that the trainings were done online.

(S) 19a-79-10(i) - Under Three Endorsement - Health Consultant - No documentation of health consultant coming weekly to the program, that serves infants + toddlers.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Lauren Hull
(OEC Representative)

Print Name: Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/23/22

Signature: Tenisha Holeyfield
(Person in Charge)

Print Name: Tenisha Holeyfield