

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucille Johnson CCC Date: 3/17/22 Time: 10:45^{AM}

Location Address: 816 Fairfield Ave Bridgeport Telephone #: 475 476 7819

e-mail address: jllover@alliancect.org License #: 15175 Expiration Date: 1/31/25

Capacity: 73/116 # of Children Present: 45 # of Staff Present: 11

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 <u>N/A</u>
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Purpose of visit: Self-report Case 2022-161

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when he was left alone in the bathroom for about 3 minutes.

⑤ 19a-79-3a(d) - Administration - Program policies - Staff failed to follow the programs supervision policy when they did not complete the classroom transition log and counting the children when returning from the bathroom.

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: 3/31/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Sue Glover