

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucille Johnson CCC Date: 4/5/22 Time: 1:00 pm

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

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

Capacity: 73/116 # of Children Present: 31 # of Staff Present: 5

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: Follow up case 2022-1161

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through  
conducted - NO violation at this visit.

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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: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)  
Print Name: Latoria Jones