

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jaime A Hulley CCC Date: 5/10/22 Time: 10:30

Location Address: 460 LaFayette St. Bridgeport Telephone #: 203 367 6801

e-mail address: MROC@alliamact.org License #: 12832 Expiration Date: 10/31/25

Capacity: 173/24 # of Children Present: 46 # of Staff Present: 17

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 2022-300

Observations/Corrections needed:

⑤ 19a-79-3a(b)(8)(A) - Administration - Managing child behavior -
Staff was seen on video inappropriately grabbing a child by her
wrist to drag her to the table and forcing her to sit in a chair.

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: 5/24/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Nayda Velazquez