

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: JHE Child Care Center Date: 8/2/22 Time: 11:45am
Location Address: 4200 Park Ave Bridgeport, Ct. 06604 Telephone #: (203) 396-1005
e-mail address: meustace@jsejuniors.org License #: 13715 Expiration Date: 2-28-25
Capacity: 44 # of Children Present: 20 # of Staff Present: 7

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 _____

Purpose of visit: Follow Up to 6-27-22 Visit

Observations/Corrections needed:

3- 1 of 3 not available for review
38- 1 care plan not signed by parent
89- 4 tables with rust accessible

Discussed -
Page 1 of child health assessment record incomplete, 2nd
page doesn't list child has asthma.

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: 8/16/22

Signature: Terril Roberts
Print Name: Terril Roberts
(OEC Representative)
Signature: Maurice
Print Name: Maurice Eustace
(Person in Charge)