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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucille Johnson Child Care Center Date: 9-26-22 Time: 9am

Location Address: 816 Fairfield Ave Bridgeport Telephone #: 203-331-4542

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

Capacity: 23 # of Children Present: 11 # of Staff Present: 10

| | |
|---|---|
| ***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*** _____ |

Purpose of visit: ~~Follow up~~ CA Partial on Supervision Which was Cited on 3-17-22

Observations/Corrections needed:

Supervision is in Compliance at this inspection.

**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: Cathy Ondrey
*(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____
*(Person in Charge)*