

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Taylor-Marie Allen Date: 12/8/22 Time: 9:40

Location Address: 114 Cleveland Ave. Bridgeport Telephone #: 203 394-2611

e-mail address: marie.taylorallen125@gmail.com License #: 57552 Expiration Date: 10/31/25

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 1

**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: [Signature]

Purpose of visit: Investigation 2022-951

Observations/Corrections needed:

(NS) 19a-87b-8(a) Substitute - unable to substantiate that operator used any other person to provide care.

(S) 19a-87b-10(b) maintaining records on children:

(1) Enrollment form - one child missing enrollment form

(2)(A) Health record - two children missing health record

(2)(A)(v) immunization record - one child missing immunization information.

(3) Written permission from parent - 3 children missing emergency permission, two child missing authorization of release,



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: 12/22/22

Signature: [Signature]
(OEC Representative)

Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)

Print Name: _____