

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Three Little Bears Daycare Date: 11/30/22 Time: 8:00
Location Address: 2004 E Main St. Bridgeport Telephone #: 203 345-6111
e-mail address: alina@3littlebearsdaycare.com License #: 70655 Expiration Date: 7/31/26
Capacity: 31/14 # of Children Present: 2 # of Staff Present: 2

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 visit from 11/18/22 2002-95b

Observations/Corrections needed:

(NS) 19a-79-4a(c)(2) Two staff on premises at all times

(NS) 19a-79-10(c)(2) Under three, ratios

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision

Operator was in compliance with these regulations at time of follow-up visit.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Msgr

Print Name: Madison Carrillo
(Person in Charge)