

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: JHE Child Care Center Date: 2/3/23 Time: 12 noon

Location Address: 4700 Park Avenue Bridgeport, Gt. 06604 Telephone #: (203) 396-1005

e-mail address: mevstace@jseiors.org License #: 13715 Expiration Date: 2-28-25

Capacity: 44 # of Children Present: 29 # of Staff Present: 6

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: Partial - Supervision

Observations/Corrections needed:

S = 19a-79-3a (a) operator did not ensure the safety, health and development of a child in care when this child's head was completely covered while she was napping. unable to see child's face.

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: Terri R Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2-20-23

Signature: Maura C. Eustace
(Person in Charge)
Maura C. Eustace