

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: St. Marks Daycare Date: 2/9/23 Time: 9:40 AM

Location Address: 308 Newfield Ave. Bridgeport Telephone #: 203 335 3828

e-mail address: denise.clemmons@smdcc.org License #: 14048 Expiration Date: 1/31/24

Capacity: 198/478 # of Children Present: 53 # of Staff Present: 11

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Self-report Case 2023-109

Observations/Corrections needed:

⑤ 19a-79-3a(b)(8)(A) - Administration - Managing Child behavior -  
Staff failed to appropriately manage children's behavior when she  
was seen yelling at children and being aggressive.

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: [Signature]  
(OEC Representative)  
Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/23/23

Signature: [Signature]  
(Person in Charge)  
Krystle Lopez