

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: JHE Child Care Center Date: 2/9/23 Time: 1:15pm  
Location Address: 4200 Park Avenue Bridgeport, Ct. 06604 Telephone #: (203) 396-1005  
e-mail address: mevstace@jsejuniors.org License #: 13715 Expiration Date: 2-28-25  
Capacity: 44 # of Children Present: 30 # of Staff Present: 7

**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: Unannounced follow up-

Observations/Corrections needed:

S- 19a-79-3a (a) The operator failed to ensure the health, safety and development of a child in care when a child's face was completely covered with a blanket at nap time in the moon beams classroom. This is the 3rd time this has been cited.

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: 2/23/23

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