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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Teddy Bear Corner - Greenfield St Date: 3/1/23 Time: 1230 pm

Location Address: 414 Greenfield St. Fairfield, CT. Telephone #: (203)330-0302

e-mail address: dawn@teddybearcorner.com License #: 15528 Expiration Date: 3.31.25

Capacity: 57 # of Children Present: ~~44~~ 54 # of Staff Present: 14

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 - Ratio

Observations/Corrections needed:

No Violations at this 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: T. R Roberts *(OEC Representative)*

Print Name: Terri R Roberts

Signature: _____ *(Person in Charge)*

Print Name: Gabriene Dei