

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: JHE Child Care Center Date: 3/1/23 Time: 1:15 pm
Location Address: 4200 Park Avenue Bridgeport, CT 06604 Telephone #: (203) 396-1005
e-mail address: meustace@jseiors.org License #: 13715 Expiration Date: 2-28-25
Capacity: 44 # of Children Present: 24 # 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: Ensure safety, health development Follow Up

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: J.R. Roberts / Terri R Roberts
(OEC Representative)

Signature: Tammi M Callow
(Person in Charge)