

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Teddy Bear Corner- Greenfield      Date: 6/5/23      Time: 845am  
 Location Address: 414 Greenfield St. Fairfield, Gt. 06825      Telephone #: (203) 330-0302  
 e-mail address: dawn@teddybearcorner.com      License #: 15528      Expiration Date: 3-31-25  
 Capacity: 57      # of Children Present: 40      # of Staff Present: 13

**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- 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: [Signature]  
(OEC Representative)  
 Print Name: TERRI R ROBERTS  
 Signature: [Signature]  
(Person in Charge)  
 Print Name: Tiffany Claw