

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Charmaine Mitchell Date: 9/14/23 Time: 11:21am  
Location Address: 371 Remington St, Bridgeport CT 06610 Telephone #: 646-522-0322  
e-mail address: carng.dexare.311@gmail.com License #: 50163 Expiration Date: 9/30/25  
Capacity: 6+3 # of Children Present: 9 (10/18 mos) # of Staff Present: 2

<b>Consent to Inspect 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 _____
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Purpose of visit: Follow up to inspection dated 9/1/23 - Capacity + Substitute Present

Observations/Corrections needed:

Upon arrival Provider & Substitute present caring for 9 children with only 1 underneath 18 mos.

Discussed corrective action plan due on 9/15/23 from inspection dated 9/1/23. Provider reports waiting on ① parent for information only.

Provider notified OEC that she will be closed next week 9/18 - 9/22/23. If longer time is needed Provider will contact OEC.

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: Rebecca Guelle  
(OEC Representative)  
Print Name: Rebecca Guelle  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Charmaine Mitchell