

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julian Gordon Date: 9/14/23 Time: 8:57 am
Location Address: 11666 Fairfield Ave, Bridgeport, CT 06605 Telephone #: 203-726-7304
e-mail address: Shg2011crystal@yahoo.com License #: 54995 Expiration Date: 8/31/26
Capacity: 6+3 # of Children Present: 3 (1 v 18 mos) # of Staff Present: 1

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: [Signature]

Purpose of visit: 3 month Partial/Followup to Inspection dated 4/9/23 - Supervision

Observations/Corrections needed:

Sabrina James DCF# 91673 exp. 10/31/24
caring for 3 children (1 v 18 mos.) upon arrival.
Julian Gordon provider not present. Per substitute
she stepped out for a minute. Substitute called
Provider who stated she would return within 3-4 min.
Provider returned and stated her son missed the bus
so she stepped out to bring him to school.

Observed @ household new people on the BCIS Poster
Discussed role. Provider states she put in substitute
applications last week. Understands may not start
providing care until approved as substitutes or assistants.

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: Rebecca Gueller
Signature: [Signature]
(Person in Charge)
Print Name: Julian Gordon

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Julian Gordon License # 54995 Date: 9/14/23

Observations/Corrections needed:

Sabrina James, Substitute also has a pending license application for 1668 Fairfield Ave. Current Provider Maxra Harrison #57241 plans to close her license and submit an application to be a substitute or assistant.

3 month partial for supervision - no violations

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Rebecca Couelles
Rebecca Couelles
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Julian Gordon
(Person in Charge)
Julian Gordon

OEC BY: N/A