

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shannette Bynum Date: 3/13/25 Time: 6:30 AM
Location Address: 128 Holly St. Bridgeport, GA 30607 Telephone #: (203) 502-1181
e-mail address: Whilbitoflovechildcare@gmail.com License #: 56192 Expiration Date: 9.30.28
Capacity: 6+3 # of Children Present: 1 # 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: Complaint Investigation

Observations/Corrections needed:

NS = 19a-87b-5 (d)(1)(A) Regular Capacity
NS = 19a-87b-5 (d)(1)(B) School age capacity
NS = 19a-87b-5 (e) infant-toddler restriction
NS = 19a-87b-10 (a) license capacity
No evidence to substantiate above allegations as 6 children are no longer enrolled and provider reports 12 children enrolled in total.

S = 19a-87b-10 (b)(1) No enrollment form for 4 children
(b)(2) No physicals for 4 children
(b)(3) No written permission for 4 children
(b)(4) No incident logs for 4 children

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 (TR) 3.27.25

Signature: [Signature]
(OEC Representative)
Print Name: Jeri R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Shannette Bynum