



FAMILY CHILD CARE HOME – INVESTIGATION

Provider	JULIAN GORDON		License Number	DCFH.54995	Date of Inspection	01/21/2026	
			Expiration Date	8/31/2026	Time of Inspection	09:40 AM	
Address	1668 FAIRFIELD AVE BRIDGEPORT CT 06605-1941		Telephone	(203) 243-3720	Regular Capacity	6	
			Hours of Operation	24 HOURS – 24 HOURS	School Age Capacity	3	
# Children Present	5	# Under 18 months present	1	Days of Operation	Mon-Sun	Summer Hours	Open
Purpose of Investigation	Follow-up for case 2025-1405		Name of Inspector	Karen Hicks		Weekend Hours	Yes
Provider's Email	shg2011crystal@yahoo.com		Inspector's Email	karen.hicks@ct.gov		Night Hours	Yes

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).


 Signature of Provider/Applicant/Substitute/Emergency Caregiver

SUBSTANTIATED VIOLATIONS OF REGULATIONS

VIOLATION	Statute - Regulation	[-]	Description:	000 No Violations
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No violations were cited during this inspection

VIOLATION	Statute - Regulation	Description:
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NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS

STATUS: Not Substantiated	Statute - Regulation [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
Supervision in compliance at time of follow-up visit.		

STATUS:	Statute - Regulation	Description:

STATUS:	Statute - Regulation	Description:

STATUS:	Statute - Regulation	Description:
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STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:

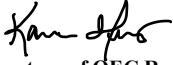


WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
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DISCUSSIONS/COMMENTS

Obtained complete records for all children enrolled at this license. No other children enrolled for before or after care or drop in care.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only regulations marked as pending, substantiated or non-substantiated were monitored or discussed.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Karen Hicks (Printed Name)	 (Printed Name)		JULIAN GORDON (Printed Name)