

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other NCAP/CO Monitor

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carolyn Thompson Date: 6/8/26 Time: 3:15
Location Address: 237 Wells St. Bridgeport Telephone #: 203 612-7028
e-mail address: cjtliltots77@gmail.com License #: 46372 Expiration Date: 10/31/28
Capacity: 6+3 # of Children Present: 6+31 # 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: Carolyn J. Thompson

Purpose of visit: NCAP monitoring Visit # 1

Observations/Corrections needed:

(NS) Conditions 1a-c - Operator had copies of the Family Checklist for Child Records in each child's file and the checklists were complete.

(NS) Condition 2a-b - Operator states she has watched the video "Maintaining Compliance: Family Child Care Homes" and provided a statement of compliance for the agency.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Carolyn Thompson
(Person in Charge)
Print Name: Carolyn Thompson