

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethesda Nursery School Date: 10/3/2022 Time: 11:50 AM

Location Address: 305 St. Roman St. New Haven, CT. 06511-2362 Telephone #: 203-787-5437

e-mail address: bns@bethesdanurseryschool.org License #: 13374 Expiration Date: 6/30/2026

Capacity: 30 # of Children Present: 22 # of Staff Present: 6

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 _____

Purpose of visit: Follow up for group size from 9/14/2022 full inspection

Observations/Corrections needed:

observed 22 children with 6 staff

9:1 in climber room and 13:5 staff in main classroom

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: ROBERT J. MERRIN

Signature: [Signature]
(Person in Charge)

Print Name: Sara Gannon