☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☑ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Blossoming minds Date: 12/28/22 Time: 12:30

Location Address: 690 main St. S. Suite L Southbury Telephone #: 203-707-9855

e-mail address: blossomingmindsct@gmail.com License #: pending Expiration Date: pending

Capacity: _____ # of Children Present: 0 # 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*** _____

Purpose of visit: follow up to inital inspection

Observations/Corrections needed:

remeasure playgrond after fence was installed to split into 2 playgrounds

under 3 side:

15.6 x 39.3 = 613.08 ÷ 75 = 8.17 OK 8

3+ over side:

15.6 x 48.9 = 762.84 ÷ 75 = 10.17 OK 10

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: Kmorgan Kristi morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: _____
(Person in Charge)