

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethesda Nursery School Date: 1/6/2023 Time: 12:20PM

Location Address: 305 Saint Roman St. New Haven, CT. 06511 Telephone #: 203-787-5439

e-mail address: bns@bethesdanurseryschool.org License #: 13374 Expiration Date: 4/30/2026

Capacity: 30 # of Children Present: 22 # of Staff Present: 5

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection for grouping

Observations/Corrections needed:

22- observed 22:3 at circle time

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: [Signature]
(OEC Representative) BUDGETL. HARRIS

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/20/2023

Signature: [Signature]
(Person in Charge)
Sara Gannon