

Initial Unannounced Follow-up Location Change Investigation Other

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethesda Nursery School Date: 1/19/2023 Time: 12:30 PM
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: 23 # of Staff Present: 6

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: Follow up to 1/10/23 partial inspection for group size

Observations/Corrections needed:

15:2 and 8:1
observed no violation for group size

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: BUDGET L. MARKIN

Signature: [Signature]
(Person in Charge)

Print Name: Sara Gunn