

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool and Child Care Date: 3-2-23 Time: 12

Location Address: 10 Wintonway Ave., Bloomfield Telephone #: 860-242-0183

e-mail address: bloomfieldchildcenter@gmail.com License #: 12135 Expiration Date: 11-30-24

Capacity: 113 # of Children Present: 55 # of Staff Present: 15

**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: Case # 2023-169

Observations/Corrections needed:

S- 19a-79-4a(c)(4)(D) - supervision. A child was
unsupervised for approximately two minutes
during transition from play room to
class room.

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: 3-16-23

Signature: [Signature] Kerry Eddy
(OEC Representative)

Signature: [Signature]
(Person in Charge)
Jessica Salvador