

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + Childcare Ctr Date: 5-12-23 Time: 11

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

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

Capacity: 138 # of Children Present: 64 # of Staff Present: 18

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 case # 2023-355

Observations/Corrections needed:
NS-19a.79.4a (c)(4)(D) - observed proper supervision
and ratios in all classrooms and
outside.

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: Kenn Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Jessica Salvador