

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + Child Care Ctr Date: 4-21-25 Time: 10

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

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

Capacity: 133 # of Children Present: 58 # of Staff Present: 18

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: case # 2023-273

Observations/Corrections needed:

P- 19a.79.3(b)(2) - meeting the needs of the child
P- 19a.79.4a(c)(3)(A) - staff personal qualities
P- 19a.79.9a(b)(3)(A) - written order

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: Kevin Eddy

Signature: [Signature]
(Person in Charge)
Print Name: Jenny Chung