

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool, Childcare Ct Date: 7-11-23 Time: 11:30

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: 67^{KS}
76 # of Staff Present: 24

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 - 3 month follow up

Observations/Corrections needed:

MS-19c.79.4s(c)(4)(D) - observed proper supervision
+ ratios in all classrooms

S-19a.79.7a(g)(2) - observed children napping
on mats in rooms 2 and 3.

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: _____ 7-25-23

Signature: _____
(OEC Representative)

Print Name: Kevin Eddy

Signature: _____
(Person in Charge)

Print Name: Jessica Salvador