

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + Childcare Date: 11-6-23 Time: 11:45

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

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

Capacity: 133 # of Children Present: 41 # of Staff Present: 18

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: 3 month follow up for case #2023-355

Observations/Corrections needed:

NS. 19a-79-4(c)(4)(D) - observed proper supervision and ratios at time of visit 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: Kevin Eddy

Signature: [Signature]

(Person in Charge)

Print Name: Jessica Sawadko