



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME FOLLOW UP/PARTIAL INSPECTION

Program Name	BLOOMFIELD PRESCHOOL AND CHILDCARE CENTER				License Number	DCCC.12135	Date of Inspection	12/13/2023
					Expiration Date	11/30/2024	Time of Inspection	02:31 PM
Address	10 WINTONBURY AVENUE  BLOOMFIELD CT 06002				Telephone	(860) 242-0183	Total Capacity	133
					Days and Hours	FROM: 7:30AM TO 5:30PM	Under Three Capacity	55
#Children Present	46	# Under 3 Present	19	# Staff Present	17	Summer Care	Open	
Purpose of Inspection	Follow up on ratio, group size, and barriers				Name of Inspector	Johanne Dalo		
Program's Email	bloomfieldccns@gmail.com				Inspector's Email	johanne.dalo@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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**Other Findings - In Compliance**

Statute and/or Regulation	Description	Comments
[19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	<b>110-Under Three Endorsement: Ratio: 1 Staff to 4 Children</b>	
[19a-79-10(c)(3)]	<b>111-Under Three Endorsement: Group Size no Larger than 8</b>	
[19a-79-10(c)(4)]	<b>112-Under Three Endorsement: Physical Barriers/Groups of 8 (Indoors/Outdoors)</b>	


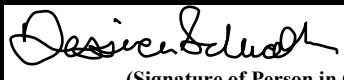
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<u>YES/NO:</u> <b>No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions:</b>

<b>Comments:</b>

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Johanne Dalo</b> (Printed Name)	(Printed Name)		<b>Jessica Salvador</b> (Printed Name)