

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Doodlebugz Child Learning Center Date: 10-21-24 Time: 10:45

Location Address: 150 Highland Ave Telephone #: 203-272-2883

e-mail address: nicole@doodlebugzinc.com License #: 10746 Expiration Date: 10/31/25

Capacity: 60/16 # of Children Present: 36 # of Staff Present: 8

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. Provider/Applicant/Substitute's Signature <u>n/a</u></i>
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Purpose of visit: partial inspection - ratio

Observations/Corrections needed:

*NO violations

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Maysa
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature]
(Person in Charge)