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: Blossoming Minds Date: 11/12/24 Time: 1245

Location Address: 690 Main St. S. Ste 8LL Southbury Telephone #: 203 707 9855

e-mail address: blossomingminds ct@gmail.com License #: 706866 Expiration Date: 12/31/26

Capacity: 96/48 # of Children Present: 55/31 # of Staff Present: 11

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*** N/A

Purpose of visit: Partial for case 2024-725

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) + (3) - Under threes endorsement. - Ratio and group size. - Walk through conducted, 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: _____ *(OEC Representative)*
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____ *(Person in Charge)*
Stephanie Edic