

2024-1297

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bristol Child Development Date: 1/22/25 Time: 3pm

Location Address: 339 West St. Bristol, CT 06010 Telephone #: 860-319-0597

e-mail address: Pam.Testa@BristolCDC.com License #: 15397 Expiration Date: 1/31/26

Capacity: 103/16 # of Children Present: 47 # of Staff Present: 13

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: Follow-up 2024-1297

Observations/Corrections needed:

PIC Pam Testa - Director

(NS) 19a-79-4a(d)(4)(D) Staffing and Consultant - Supervision -
Per Director program has been adhering to their Supervision policy.

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: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/13

Signature: Pamela E Testa
(Person in Charge)
Pamela E. Testa