

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: New Beginnings ELC Date: 3/5/25 Time: 11:45  
Location Address: 1168 Farmington Ave Bristol Telephone #: 860-357-3217  
e-mail address: djmb24@hotmail.com License #: 706116 Expiration Date: 6/30/25  
Capacity: 72/24 # of Children Present: 24/10 # of Staff Present: 8

<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: <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2025-209

Observations/Corrections needed:

(NS) 19a-79-3a(a) - Administration - Program policies - No evidence that the program did not follow their policies for sending children home when they are ill, or dismissing a family from the center due to parent behaviors.

(S) 19a-79-5a(a)(3)(A) - Record keeping - Illness report not written for a child who was sent home sick.

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)  
Print Name: Tolanda Lazarus - Curran