

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bristol Child Dev Center Date: 4/25/25 Time: 1240

Location Address: 339 West St. Telephone #: 860 314 0597

e-mail address: pam.testa@bristolcdc.com License #: 15397 Expiration Date: 1/31/26

Capacity: 103/116 # of Children Present: 72/13 # of Staff Present: 15

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Follow up Case 2025-336

Observations/Corrections needed:

NS 9a-79-4a(d)(4)(D) - Staffing - Supervision. - 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.

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

Signature: [Signature]
(OEC Representative)

Print Name: Laura Hill

Signature: [Signature]
(Person in Charge)

Print Name: Jo-mari Lopez-Lynch