

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Beginnings Early Learning Center - Bristol Date: 4/23/25 Time: 10:19 am

Location Address: 1168 Farmington Ave Bristol Ct Telephone #: 860-261-7658

e-mail address: djmb24@hotmail.com License #: 70616 Expiration Date: 6/30/25

Capacity: 52/32 # of Children Present: 24/8 # of Staff Present: 9

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 _____
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Purpose of visit: Follow up to inspection conducted on

Observations/Corrections needed:

19a-79-3a(a): Health and Safety: In compliance at time of visit

19a-79-4a (a)(4)(D): Supervision: In compliance at time of visit

19a-79-10 (a)(1): Safe Sleep: In compliance at time of visit

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: [Signature]