

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + Childcare Center Date: 7/19/25 Time: 10:00

Location Address: 10 Wintonbury Ave. Bloomfield Telephone #: 860-242-0183

e-mail address: cdudirector@bloomfieldchildcarecenter.org License #: 12135 Expiration Date: 11/30/24

Capacity: 128/leg # of Children Present: 70 # of Staff Present: 20

**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: Investigation - Case 2025-~~688~~689

Observations/Corrections needed:

① 19a-79-4a (a)(4)(b) - Staffing - supervision - program failed to properly supervise children when child was missing for less than 3 minutes. Child was located in classroom.

② 19a-79-5a (a)(2)(E) - record keeping - care plans - program failed to maintain an individual care plan for child with known special health care need.

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: 7/24/25

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Stephanie Kaper