

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Beginnings Early Learning Date: 6/26/25 Time: 9:11am

Location Address: 211 Laurel St. Hartford Center Telephone #: 860-263-8727

e-mail address: dymb24@hotmail.com License #: 70220 Expiration Date: 1/31/27

Capacity: 82/32 # of Children Present: 30/10 # 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 _____

Purpose of visit: Follow up inspection from inspection conducted on

Observations/Corrections needed:

9a-79-4a (d)(4)(A) Ratio 1:10: In compliance at time of visit.

9a-79-4a (d) Group Size: In compliance at time of visit.

9a-79-10(c)(2) Ratio 1:4/1:5: 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 Salo

Signature: [Signature]
(Person in Charge)

Print Name: Rebecca Mulrooney