

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + child care Date: 7/3/25 Time: 1:30

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

e-mail address: cdudirector@bloomfieldchildcarecenter.com License #: 12135 Expiration Date: 11/30/28

Capacity: 122/28/89 # of Children Present: 45 # of Staff Present: 12

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: follow up to case 689

Observations/Corrections needed:

19a-79-4a(d)(4)(D) - staffing - supervision - in compliance.

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: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Stephanie Kaper