

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ann Blais Date: 11/24/25 Time: _____

Location Address: 22 Renee Lane, Enfield, CT Telephone #: 860-763-3850

e-mail address: ann.blais@icloud.com License #: 20137 Expiration Date: 3/31/26

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1

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

Purpose of visit: Follow up to check extra pad added to pack-n-play

Observations/Corrections needed:

Provider was in compliance with the cited regulation.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennie Thornton
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Mailed & Emailed 11/25/25
(Person in Charge)