



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	BRISTOL CHILD DEVELOPMENT CENTER- WEST STREET				License Number	DCCC.15397		Date of Inspection	06/11/2026		
					Expiration Date	1/31/2030		Time of Inspection	09:21 AM		
Address	339 WEST ST BRISTOL CT 06010-4910				Telephone	(860) 314-0597		Licensed Capacity	103		
					Hours of Operation	7:00 AM - 5:00 PM		Under Three Capacity	16		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	12 - 5 month - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	pam.testa@bristolcdc.com					
Operator	BRISTOL CHILD DEVELOPMENT CENTER INC				Director	PAMELA TESTA					
Endorsements	Pre-School, Under Three				Name of Inspector	Caroline Adams					
Numbers of Staff/Children Present	# Children Present under age 3	16	# Total Children Present	63	# of Staff Present	16	Purpose of Visit	Case 2026-536			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)]	028- Supervision
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Program not in compliance with ensuring the supervision of children at all times while indoors when observed a child left alone in a classroom for roughly 1 minute when staff transitioned outside.

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	Yes	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Caroline Adams	Pam Testa	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by: 06/25/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: caroline.adams@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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