

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Park Avenue Early Ch. Center Date: 2/17/22 Time: 10:00 am

Location Address: 29 Park Ave Danbury Telephone #: 203 743 3993 x2985

e-mail address: jsottv@ct-institute.org License #: 70532 Expiration Date: 12/

Capacity: 144 # of Children Present: 90 # of Staff Present: 14+

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 <u>N/A</u>
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Purpose of visit: Self-report Case 2022-82

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when they went into the classroom and the door shut leaving a child in the hallway for about 45 seconds.

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: 3/3/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Nicole Taxitaridis