

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Park Ave Early Ch. Center Date: 3/2/22 Time: 12:00

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

e-mail address: Scotty @ ct-institute.org License #: 70532 Expiration Date: 12/31/23

Capacity: 144 # of Children Present: 123 # of Staff Present: 20+

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: Follow-up Case 2022-82

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted. No violations at this 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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Tiffany Petway