

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Park Avenue ECE Date: 6/8/22 Time: 10:00 AM

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

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

Capacity: 144 # of Children Present: 126 # of Staff Present: 17+

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 N/A

Purpose of visit: Partial Care 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] AS per Jean
(Person in Charge)
Print Name: Melissa Verdego