



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

<b>Program Name</b>	<b>CEDAR GABLES PRESCHOOL &amp; CHILDCARE</b>				<b>License Number</b>	<b>DCCC.13695</b>	<b>Date of Inspection</b>	<b>04/10/2024</b>
					<b>Expiration Date</b>	<b>8/31/2025</b>	<b>Time of Inspection</b>	<b>02:27 PM</b>
<b>Address</b>	<b>15 BARNUM RD  DANBURY CT 06811-2904</b>				<b>Telephone</b>	<b>(203) 746-3500</b>	<b>Total Capacity</b>	<b>37</b>
					<b>Days and Hours</b>	<b>M-F 7:00AM - 5:30pm</b>	<b>Under Three Capacity</b>	<b>16</b>
<b>#Children Present</b>	<b>24</b>	<b># Under 3 Present</b>	<b>12</b>	<b># Staff Present</b>	<b>8</b>	<b>Summer Care</b>	<b>Open</b>	
<b>Purpose of Inspection</b>	<b>Partial inspection on safe sleep</b>				<b>Name of Inspector</b>	<b>Kristi Morgan</b>		
<b>Program's Email</b>	<b>Tara@cedargablespreschool.com</b>				<b>Inspector's Email</b>	<b>kristi.morgan@ct.gov</b>		

**Violations**

<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>
[-]	000 No Violations	No violations were cited during this inspection

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### Other Findings - In Compliance

Statute and/or Regulation	Description	Comments
[19a-79-10(g)(1)]	127-Under 12 Months Placed on Back for Sleeping	
[19a-79-10(g)(1) and/or 19a-79-10(g)(4)]	128-Alternate Sleep Position/Equipment Medical Documentation	
[19a-79-10(g)(1) and/or 19a-79-10(d)(2)(A)]	129-Crib/Bed Used for Infant Sleeping	
[19a-79-10(g)(3) and/or 19a-79-7a(g)(1)]	130-Crib/Bed Free from Observable Hazards	

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<u>YES/NO:</u> <b>No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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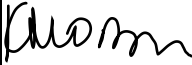


**Discussions:**

**Comments:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Kristi Morgan</b> (Printed Name)	(Printed Name)		<b>Lenore Lofaro</b> (Printed Name)