**Connecticut Office of Early Childhood**
**Division of Licensing**
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Byram Archibald NBRHD Afterschool Program Date: 11.8.24 Time: 250 pm

Location Address: 25 Mead Avenue Greenwich, CT 06830 Telephone #: (203)622-7792

e-mail address: christina.nappi@greenwichct.gov License #: 70574 Expiration Date: 9.30.28

Capacity: 100 # of Children Present: 72 # of Staff Present: 7

| | |
|---|---|
| ***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*** |

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

P= 19a-79-3a (b)(7)(c) Frightening treatment or punishment
P= 19a-79-3a (d)(2)(B) Policy on prohibition of frightening treatment or punishment
S= 19a-79-3a (b)(7)(A) Program staff did not manage children's behavior using required techniques when staff was heard yelling at a group of children and telling them to "Shut up"
S= 19a-79-4a (a)(3) Program staff disciplinary action not on site
S= 19a-79-11 (d) Observed 1:16 in room 239
S= 19a-79-3a (d)(2)(A) Program staff did not implement discipline policy when she yells at children and said "Shut up".

Investigation on going

**S = Substantiated** **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: R. R Roberts
*(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.22.24

Signature: _____
*(Person in Charge)*