

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Selma Maisel Nursery School Date: 11/22/24 Time: 9:20
Location Address: 300 E Putnam Avenue Greenwich, CT 06830 Telephone #: (203) 622-8121
e-mail address: david-cohen@TempleShalom.com License #: 13829 Expiration Date: 3.31.26
Capacity: 153 # of Children Present: 108 # of Staff Present: 29

**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:

S = 19a-79-5a (a)(3)(A) Program did not have injury reports for children who were injured as a result of a child's behavior

NS = 19a-79-3a (d)(7)(E) Communication with Parents - no evidence to substantiate

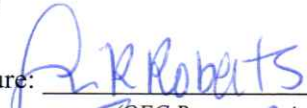
NS = 19a-79-3a (b)(7)(A) Managing child behaviors - no evidence to substantiate

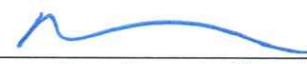
NS = 19a-79-3a (b)(7)(B) Parent informed of behavior techniques - ^{no} evidence
Dismissed: Program will send revised behavior management plan to include current methods including sending children home for unsafe behaviors and resources implemented to support staff, parents and children.

Program to email statements from 2 staff.

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: 
(OEC Representative)
Print Name: Terri R Roberts

Signature: 
(Person in Charge)
Print Name: David Cohen

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12.6.24