

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Noroton Presbyterian Child Care Date: 5/23/25 Time: 1:30pm
Location Address: 2011 Post Rd Darien, Ct. 06820 Telephone #: (203) 309-5605
e-mail address: Beth.Aparicio@norotonchwc.org License #: 16373 Expiration Date: 12.31.25
Capacity: 51 # of Children Present: 37 # of Staff Present: 10

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: Self Reported Incident

Observations/Corrections needed:

S-19a-79-4a (d)(4)(D) Observed teacher in room with 6 children with her eyes closed upon entry to the room. She was not aware this worker and director were present until director touched her leg.

NS-19a-79-5a (a)(2)(E) No evidence of ^{program} not implementing care plan.

S-19a-79-5a (a)(3)(A) Incident reports not documented and kept on site

NS-19a-79-3a (a) No evidence to substantiate staff did not ensure a child's health and safety
Program director to send statement

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: 6.5.25

Signature: Jerrin R Roberts
(OEC Representative)
Print Name: Jerrin R Roberts
Signature: Beth Aparicio
(Person in Charge)
Print Name: Beth Aparicio