

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedar Gables Preschool Date: 6/24/25 Time: 12:45

Location Address: 15 Barnum Rd. Danbury Telephone #: 203-746-3500

e-mail address: tara.c@cedargablespreschool.com License #: 13695 Expiration Date: _____

Capacity: 37 # of Children Present: 27 # 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 _____
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Purpose of visit: Investigation Case 2025-558

Observations/Corrections needed:

⑤ 19a-79-3a - managing child behaviors - Program failed to manage child's behavior in a developmentally appropriate way when staff hit a child on the arm for spitting.

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: 7/8/25

Signature: [Signature]
(OEC Representative)
Print Name: Krish Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Jennifer Neville