

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Interfaith ELC Date: 7/9/25 Time: 11:20 AM

Location Address: 119 Osborne St. Danbury Telephone #: 203 744 6619

e-mail address: interfaith @net.net License #: 15825 Expiration Date: 4/30/29

Capacity: 96 # of Children Present: 74 # of Staff Present: 12

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 <u>N/A</u>
--	--

Purpose of visit: Complaint Investigation 2025-0694

Observations/Corrections needed:

NS 19a-79-3a(b)(2) - Administration - Meeting the needs - No evidence that the program did not work with the family of a child when the child was having aggressive behavior.

NS 19a-79-3a(d) - Administration - Program policies - The program followed their policy for managing children's behavior when they held meetings with the family, asked the family to pick up during behavior and shortened the child's day to help alleviate.

S 19a-79-5a(a)(3) - Incident reports - The program failed to provide incident reports when a child was having behavior at the program and they needed to send her home.

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: 7/23/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Jill Crimi