

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Danbury Public School Date: 7/28/25 Time: 2:20
Location Address: 49 Osbornest Danbury Telephone #: 203 470-0229
e-mail address: portflie@danbury.k12.ct.us License #: 70683 Expiration Date: 12/31/24
Capacity: 60 # of Children Present: 35 # of Staff Present: 6

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial based on 5/13/25 inspection

Observations/Corrections needed:

- 27 - in compliance - interviewed staff - additional staff cover rooms.
- 35 - in compliance
- 36 - in compliance
- 38 - 1 out of 5 physicals not current 1 without appointment card
- 39 - in compliance
- 59 - in compliance
- 66 - in compliance - removed.
- 69 - in compliance.
- 166 - 1 medication expired - not in compliance
- 1 - 7/8/25 in compliance

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: 8/11/25

Signature: *Jaime Fortin*
(OEC Representative)
 Print Name: Jaime Fortin
 Signature: *Imperial Norfleet*
(Person in Charge)
 Print Name: Imperial Norfleet