☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Merryhill Childcare Center Date: 8/11/24 Time: 2:30

Location Address: 49 Queen St. Newtown Telephone #: 203-426-9847

e-mail address: Merryhill49@hotmail.com License #: 13774 Expiration Date: 7/31/25

Capacity: 32/12 # of Children Present: 24 # of Staff Present: 6(1)

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: Follow up on nap time ratio

Observations/Corrections needed:

2:1

No violations 7:3

15:2

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: Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Karen Serke
(Person in Charge)
Karen Serke