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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Merry Hill Childcare Center Date: 11/1/21 Time: 1:15

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

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

Capacity: 32/12 # of Children Present: 20 # of Staff Present: 3(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: Partial inspection on nap time ratio

Observations/Corrections needed:

in compliance

4:1

@11 sleeping - 6:1

10:1

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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Karen Mogan

Signature: K Serke *(Person in Charge)*

Print Name: Karen Serke