

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Casimir Pulaski Betw/Att School Date: 5-23-22 Time: 3:37
Program JS

Location Address: 100 Clearview Ave Meriden CT Telephone #: 475-775-4902

e-mail address: dtremaglio@womenfamilies.org License #: 12585 Expiration Date: 3-31-25

Capacity: 112 # of Children Present: 5 # of Staff Present: 36

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: follow up to inspection dated 5-20-22

Observations/Corrections needed:

(OB) 19a-79-4a(c)(4)(D) Supervision:
observed staff standing at boys bathroom in sound of children using bathroom. One staff standing at cafe door sending children to girls room. Reviewed w/fe supervision and bathroom supervision ^{policies} with staff, indicating staff ^{to be} within sight and sound at all times.

S 19a-79-4a(4) ratio: observed 33 students in cafeteria with 4 staff. One staff member left cafeteria to access licensing documents in gym, leaving the program out of ratio; 3 staff with 33 children.

Discuss:

reviewed inspection report dated 5/20/22 with program Head Teacher.

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: 6.5.22

Signature: Jennifer Lema
(OEC Representative)

Print Name: Jen Lema

Signature: [Signature]
(Person in Charge)

Print Name: Akeon Bryn