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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Casmir Pulaski Before/After sch Program Date: 5/20/22 Time: 3:58pm

Location Address: 100 Clearview ave Meriden 06450 Telephone #: 475-775-4902

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

Capacity: 112 # of Children Present: 30 # of Staff Present: 5

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*** N/A

Purpose of visit: follow up to inspection dated 5/23/22 and (PM)

Observations/Corrections needed:

#145 ratios are in compliance at this visit

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: Fil Montanye / Jen Serra
(OEC Representative)

Print Name: Fil Montanye / Jen Serra

Signature: _____
(Person in Charge)

Print Name: Akeem Byrd