

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carriage House Day Care Center Date: 7.18.22 Time: 8:49

Location Address: 320 Colony St Menden Telephone #: 203-235-4259

e-mail address: pam@carriagehousedaycare.com License #: 15403 Expiration Date: 2.28.26

Capacity: 94/32 # of Children Present: 31 # of Staff Present: 12

**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 to Inspection dated 6/29/22. safe sleep

Observations/Corrections needed:

OK #127 observed infant classroom at 9:15am and observed one

OK #128 infant sleeping, in crib, without any gas trapping

OK #130 objects. Observed 1 infant awake, being served a bottle,

being held and 1 infant awake, in developmentally appropriate seat.

Observed infant room at 10:21 and observed 2 infants

sleeping in cribs, with no gas trapping objects.

Safe sleep observed during today's 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: -na-

Signature Jennifer Serra
(OEC Representative)

Signature Pamela J. Carey
(Person in Charge)

Pamela J. Carey