

2023-68

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carriage House Day Care Center Date: 1/27/23 Time: 9am

Location Address: 320 Colony Street Mendon CT 06451 Telephone #: 203-235-4859

e-mail address: Pam@CarriageHouseDaycare.com License #: 18403 Expiration Date: 2/28/26

Capacity: 94/3 # of Children Present: 42 # of Staff Present: 10

**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: Complaint/Investigation 2023-08 Self-Report.

Observations/Corrections needed:

PIIC Pamela Carey - Director - Heather Borack - Head teacher

(NS) 19a-79-3a(b)(2) - Administration - Annual Training/Orientation

(S) 19a-79-3a(d)(2)(A) Administration - Policy & Procedure - Positive Guidance

Staff did not appropriately implement the program's Guidance/Discipline policy when staff was observed hitting a child on his hands while directing them

(NS) 19a-79-4a(a)(4) Staffing - Disciplinary Action

(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: Valeya Williams
(OEC Representative)

Print Name: Valeya Williams

Signature: Pamela Carey
(Person in Charge)

Print Name: Pamela J. Carey

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/9/23