

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carriage House Day Care Date: 4/12/23 Time: 9:50 AM

Location Address: 320 Colony St. Meriden Telephone #: 203 235 4859

e-mail address: pam@carriagehousedaycare.com License #: 15403 Expiration Date: 2/28/26

Capacity: 94/32 # of Children Present: 52 # of Staff Present: 8+

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2023-286

Observations/Corrections needed:

(S) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when they did not give first aid to a child when they recieved an injury to their head.

(P) 19a-79-3a(b)(8)(A) - Administration - Managing child behavior - Pending.

(P) 19a-79-4a(c)(4)(b) - Staffing - Supervision - Pending.

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: 4/24/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Ramona J. Carey