

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fairy tales child care & development Center Date: 6-22-23 Time: 12:31

Location Address: 470 Murdock Ave unit 9 Meriden Telephone #: 203-440-444

e-mail address: fairytales46@yahoo.com License #: 16150 Expiration Date: 11-30-25

Capacity: 84/44 # of Children Present: 58 # of Staff Present: 14

<b>Consent to Inspect Family Child Care Home</b>	<i>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</i>
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Purpose of visit: Follow-up to inspection dated 6/9/23

Observations/Corrections needed:

OK #130 crib free from observable hazards;  
observed all cribs to have snug fitting sheets.

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)

Print Name: Jen Serra

Signature: Donna Casserino  
(Person in Charge)

Print Name: Donna Casserino