

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precisely Pandalas Childcare Ctr Date: 9-22-23 Time: 12

Location Address: 1033 John Fitch Blvd Telephone #: 860 372 4777

e-mail address: preciselypandalas@gmail.com License #: 70643 Expiration Date: 4-30-26

Capacity: 35 # of Children Present: 25 # of Staff Present: 10

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: 3 month follow up case 2023-183

Observations/Corrections needed:

NS - 19c.79-10(g) - observed no safe sleep
violations during 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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: MONIQUE DELORANGE