

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carrige House Day Care Ctr Date: 9-28-23 Time: 1

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

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

Capacity: 94 # of Children Present: 50 # of Staff Present: 11

Consent to Inspect Family Child Care Home	<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 case # 2023-834

Observations/Corrections needed:

NS - 19a-79-4a(c)(4)(D) - observed proper supervision and ratios in all classrooms

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: Pamela J. Casey