

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

SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: JAMIE PALMIERI Date: 6-25-24 Time: 12:30 AM

Location Address: 180 FITCH ST. NORTH HAVEN Telephone #: _____

e-mail address: jamie.d6@hotmail.com License #: 57181 Expiration Date: ~~8-24~~

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

4-30-27

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: Follow Up for Water & Basement Railing cited at full on 6-5-24

Observations/Corrections needed:

Compliance was observed with (40) body of water: gate measuring over 48 inches and self latching was observed


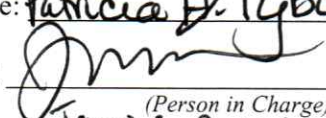
(31) stairway with handrail: observed basement hatchway with railing for means of escape

Ponder is now providing all care, except for meals, in basement. Basement care was discussed

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: N/A

Signature: 
(OEC Representative)
Print Name: Patricia D. Gburecki
Signature: 
(Person in Charge)
Print Name: Jamie Palmieri