2025-1145

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miriam Papadimitriou Date: 4/14/25 Time: 12pm

Location Address: 120 Birchwood Drive New Britain, CT Telephone #: 860-225-5259

e-mail address: ariahodaycare2003@gmail.com License #: 5325 Expiration Date: 8/31/25

Capacity: of 3 # of Children Present: 2 # of Staff Present: 1

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: 3 month Partial

Observations/Corrections needed:

Pic Miriam Papadimitriou.

(NS) 19a-87b-10(i)- Responsibility of Provider- Supervision)- There was insufficient evidence to support that Provider was supervising children

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: Valerie Collins

Signature: _____ *(Person in Charge)*

Print Name: Miriam Papadimitriou