

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carriage House Day Care Date: 7/15/25 Time: 9:00 AM

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

e-mail address: pan@carriagehousedaycare.com License #: 15403 Expiration Date: 2/28/26

Capacity: 94/32 # of Children Present: 35 # of Staff Present: 13

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 <u>N/A</u>
--	--

Purpose of visit: Follow up Case 2025-390

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing - Supervision - Walk through conducted -
No violations at this 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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Pamela Carey