

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carrige House Day care center Date: 8/19/25 Time: 11:00

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

e-mail address: pam@carragehouse daycare License #: 15403 Expiration Date: 2/28/26

Capacity: 115 # of Children Present: 45 # of Staff Present: 12
94/32 ^{com}

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: Case 2025-767

Observations/Corrections needed:

⑤ 19a-79-3a (b)(7)(A) - administration - managing child behaviors. Staff failed to manage child behaviors appropriately when they put their legs across a child laying on a cot.

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: 8/19/25

Signature: [Signature]
(OEC Representative)
Print Name: Kimi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Pamela J. Carey