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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Academy Date: 9/8/21 Time: 1:30

Location Address: 890 Ethan Allen Hwy Ridgefield Telephone #: 203-438-0760

e-mail address: thechildrensacademy02@aol.com License #: 12837 Expiration Date: 9/30/25

Capacity: 149/62 # of Children Present: 63 # of Staff Present: 19(2)

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 to full inspection on 7/12/21

Observations/Corrections needed:

76- shed on playground unlocked - weed killer accessible.

89- some gaps in fencing on infant playground (tree) + toddler playground (blue surfacing).

discussed: some cords downstairs unsecured.

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: 9/22/21

Signature: _____ (OEC Representative)

Print Name: Kyra Mayo

Signature: _____ (Person in Charge)

Print Name: Lindsay Brown