

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy of Rocky Hill Date: 9/18/21 Time: 3:35

Location Address: 158 New Britain Ave Rocky Hill Telephone #: 860 436 5307

e-mail address: rockyhillkiddieacademy.net License #: 70339 Expiration Date: 12/31/24

Capacity: 156 # of Children Present: 38 # of Staff Present: 8

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 _____
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Purpose of visit: follow up 2021-524

Observations/Corrections needed:

(NIS) 19a-79-10(c)(2) under three ratio
Program is in compliance with under
three ratios at visit. Several new
staff have been hired.

(NIS) 19a-79-10(c)(3) under three group size
Program is in compliance with under
three group size at 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: na

Signature: Cheryl Delorets
(OEC Representative)

Print Name: Carolynne Delorets

Signature: Sandy Bell
(Person in Charge)

Print Name: Sandy Bettencourt