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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy of Rocky Hill Date: 9/17/21 Time: 8:46am

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

e-mail address: natalia.doran@kiddieacademy.net License #: 70339 Expiration Date: 12/31/24

Capacity: 156 (43 36) # of Children Present: 32 # 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*** N/A

Purpose of visit: Follow up Ratio/group size

Observations/Corrections needed:

Observed compliance with ratio and group size, at the time of the 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: _____ *(OEC Representative)*

Print Name: Stephanie Pia

Signature: Natalia Doran *(Person in Charge)*

Print Name: Natalia Doran