

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy of Rocky Hill Date: 11/18/21 Time: 9:15

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

e-mail address: rockyhill@kiddieacademy.net License #: 7339 Expiration Date: 12/31/24

Capacity: 156 # of Children Present: 31 # of Staff Present: 10

<b>Consent to Inspect Family Child Care Home</b>	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: partial inspection to 3021-524

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) Ratio  
all rooms were in ratio at today's visit. Staff report ongoing compliance.

(NS) 19a-79-10(c)(3) group size  
There were no issues with group size exceeding eight children at today's visit. Staff reports no concerns.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Caroline Deloreto  
(OEC Representative)  
Caroline Deloreto

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Natalia Doran  
(Person in Charge)  
Natalia Doran