

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy of Rocky Hill Date: 5/27/22 Time: 7:50

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: 156/56 # of Children Present: 13 # of Staff Present: 5

**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 for visits on 5/13 + 5/18

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) Under three endorsement, ratios

(NS) 19a-79-10(c)(3) Under three endorsement, group size

(NS) 19a-79-4a(c)(4)(A) Staffing, ratios

Operator was in compliance with these regulations at time of 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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Natalia Doran
(Person in Charge)

Print Name: Natalia Doran