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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Academy Date: 7/12/22 Time: 9:00

Location Address: 890 Ethan Allen HWY Ridgefield Telephone #: 203-438-0766

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

Capacity: 149/62 # of Children Present: 61 # of Staff Present: 15(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 6/20/22

Observations/Corrections needed:

in compliance today

diswssed:

- 1 unprotected outlet by sink in PreK2.
- Some high touch areas un clean (by lightswitches, door handles, gates, etc.)

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: Kristi Morgen

Signature: Lindsay Brown *(Person in Charge)*

Print Name: LINDSAY BROWN