

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carrier Academy of Learning Date: 8/23/22 Time: 12:05
Location Address: 740 Plaimile Ave, Farmington Telephone #: (860) 470-3736
e-mail address: farmingtonacademy@gmail.com License #: 70374 Expiration Date: 9/30/25
Capacity: 140/32 # of Children Present: 92 # of Staff Present: 18

**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 to 6/28/2022

Observations/Corrections needed:

- 3. Annual staff training: OK ✓
- 4. Behavior management policy: OK ✓
- 6. supervision policy: OK ✓
- 16. staff physicals: OK ✓
- 21. Ratio: OK ✓
- 24. CPR training: OK - head teacher/director now tracking attendance
- 25. First Aid training: OK - head teacher/director now tracking attendance
- (38) care plan: observed incomplete allergy care plan
- 69. walls/ceilings: OK ✓
- 101. medication training: OK - director/head teacher now signing in/out
- 102. medication authorization: OK ✓
- 104. expired medications: OK ✓
- 110. Under-3 ratio: OK ✓

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: Ern Wraight
(OEC Representative) Ern Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/6/2022

Signature: [Signature]
(Person in Charge)

Sylvie Bissett