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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Burlington Academy of Learning Date: 8-23-22 Time: 9

Location Address: 10 Covey Rd., Burlington Telephone #: 860-675 3598

e-mail address: jodiangers@burlingtonacademy.com License #: 15051 Expiration Date: 4-30-26

Capacity: 44 # of Children Present: 17 # 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: case 2022-614

Observations/Corrections needed:

S - 19a. 79-3a (a) - staff did not ensure the safety, health, and developmnt of a child when on 8-8-22 a infant was fed the wrong bottle.

**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: 9-6-22

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: _____ *(Person in Charge)*

Print Name: Cary DeLeon