

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddy Academy of Rocky Hill Date: 6/20/22 Time: 2:50

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: 41 # of Staff Present: 11

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 _____
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Purpose of visit: Follow-up for visit on 6/9/22 2022-388

Observations/Corrections needed:

(NS) 19a-79-10(g) Under three endorsement, sleep arrangements -
Operator was in compliance at this visit. No children
sleeping in infant rooms

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