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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Farmington Academy Date: 11/10/22 Time: 10:45

Location Address: 150 Fisher Dr, Avon Telephone #: (860)677-2403

e-mail address: office@fvamontessori.org License #: 16340 Expiration Date: 4/30/25

Capacity: 164/16 # of Children Present: 85 (15 U3) # of Staff Present: 19

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: Supervision Follow-up

Observations/Corrections needed:

NO supervision concerns at this 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.

Signature: Erin Waight
(OEC Representative) E. Waight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____
(Person in Charge)