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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Farmington Academy Date: 3/8/23 Time: 1:00

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: 58 # of Staff Present: 12+

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: supervision partial

Observations/Corrections needed:

No supervision concerns at this time.

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: Emaisha E. Wright
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____
(Person in Charge)