

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Academy of Early Learning Date: 5/11/23 Time: 1:42

Location Address: 205 Academy Road Cheshire Telephone #: 203-806-1353

e-mail address: academyael@gmail.com License #: 70649 Expiration Date: 6/30/24

Capacity: 47 28 ↓ # of Children Present: 35 22 ↓ # of Staff Present: 10

**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: Follow up to inspection conducted on 2/24/23

Observations/Corrections needed:

19a-79-10 g(3) Safe Sleep: In compliance at time of 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dabo

Signature: [Signature]
(Person in Charge)

Print Name: Sam Walker-Colwell