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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: RiverOak Academy Date: 6/29/23 Time: _____

Location Address: 795 Straits Tpke Watertown Telephone #: 959-209-4484

e-mail address: ashley@riveroakacademy.org License #: pending Expiration Date: pending

Capacity: 62 # of Children Present: 0 # of Staff Present: 3

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 Initial Inspection

Observations/Corrections needed:

(U) Policies in compliance

(15) Radon letter submitted; will conduct in November

(25) 1st Aid - in compliance - reviewed staff work schedule and additional 1st Aid cards.

(26) Education Consultant agreement in compliance

(49) Lead water test not observed - was conducted - waiting on paperwork (X)

(89) Turf - in Compliance

(113) Sink observed with hot water. Local Health approval still needed. (X)

Waiting on PPH Safer program approval

OEC Supervisor's Final approval once CAP's are submitted

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: prior to license issued

Signature: Jamie Fortin
(OEC Representative)

Print Name: Jamie Fortin

Signature: _____
(Person in Charge)

Print Name: Ashley Follert