

2023-677

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Easter Seals Children Academy Date: 9/13/23 Time: 1 pm

Location Address: 128 Avenue of Industry Wthry CT Telephone #: (203) 591-1818

e-mail address: P.Anderson@ESwct.com License #: 1649 Expiration Date: 3/31/26

Capacity: 136/16 # of Children Present: 68 # of Staff Present: 12

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow-up 2023-677

Observations/Corrections needed:

PIC Pamela Anderson-Ketcham

(NS) 19a-79-4a(c) & (d) Staffing Supervised - Per Director program has been adhering to their supervision policy

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: Valeya Wilkerson
(OEC Representative)

Print Name: Valeya Wilkerson

Signature: Pamela Anderson-Ketcham
(Person in Charge)

Print Name: Pamela Anderson-Ketcham