

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: HRA of NBB Franklin Early Childhood Date: 9-26-23 Time: 1

Location Address: 180 Clinton St., New Britain Telephone #: 860-348-2205  
*Lx Academy*

e-mail address: agriswold@hrambct.org License #: 15645 Expiration Date: 5-31-25

Capacity: 498 # of Children Present: 220 # of Staff Present: 42

**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 case 2023-837

**Observations/Corrections needed:**

NS - 19a. 79-4a (c)(4)(b) - supervision - observed  
proper supervision and ratios in all  
classrooms

Discussed 9.14.23 and self report - no action

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: Kerin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Deborah Romo