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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: River Oak Academy Date: 10/29/24 Time: _____

Location Address: 795 Straits turnpike Watertown Telephone #: 959-209 4284

e-mail address: Bianca@RiverOakacademy.com License #: 70715 Expiration Date: 6/30/27

Capacity: 101 # of Children Present: 58 # of Staff Present: 14

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 case. 2024-973

Observations/Corrections needed:

Supervision - walk through conducted.
No violations at this 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: N/A

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: B. Santos
(Person in Charge)
Print Name: Bianca Santos