

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Butterfly Academy Date: 11-19-24 Time: 9:05

Location Address: 369 Butternut St Middletown Telephone #: 860-788-6892

e-mail address: butterflyacademy23@gmail.com License #: 70744 Expiration Date: 2-29-28

Capacity: 52/23 # of Children Present: 26/15 # of Staff Present: 11

**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 dated 8/15/24

Observations/Corrections needed:

NS 19a.79-3a(a) ensuring safety health and development.
observed staff, with current First aid and CPR
certification during all operating hours.

NS 19a.79-4a(a)(1) observed all current staff to have
current health records on file

NS 19a.79-4a(+)(2) observed staff with current First
aid training on file during all operating hours.

S 19a(i)(2)(F) operator failed to maintain documentation
of health consultant review of policies, plans and procedures.

Discussed new req: emergency plans, new complaint
procedures, updated requirements for health and
Education consultants

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes
to be in compliance at all times.

Signature: Jen Schels Jen Schels
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 12-2-24

Signature: Holly Green Holly Green
(Person in Charge)