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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Impressions Learning Academy Date: 2/25/25 Time: 11:15am

Location Address: 758 R Colonel Ledyard Hwy Ledyard CT 06339 Telephone #: (860) 794-7069

e-mail address: Fla758r@gmail.com License #: 70659 Expiration Date: 8.31.26

Capacity: 55 # of Children Present: 16 # of Staff Present: 4

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: Complaint Investigation

Observations/Corrections needed:

S= 19a-79-7a(a)(6) Observed exosaucer and infant in bouncy seat blocking 1 exit door in infant room

NS= 19a-79-4a(a)(4)(A) Ratio 1:10 No evidence to substantiate staff report compliance

NS= 19a-79-10(c)(2) infant/toddler ratio No evidence to substantiate. Staff report compliance

Disussed: Owner Dorette Stephens covered and provided direct care on 2.18.25 but doesn't have an attendance record. Owner drove to this program from Stamford to help.

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: 3.11.25

Signature: Terri R Roberts
(OEC Representative)
Print Name: Terri R Roberts

Signature: Heidi L Phillips
(Person in Charge)
Print Name: Heidi L Phillips