

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southern CT. Hebrew Academy Date: 5/22/25 Time: 12:31pm
Preschool
Location Address: 261 Derby Ave. Orange Telephone #: 203-795-5261
e-mail address: rkaplan@schacademy.org License #: 70133 Expiration Date: 9/30/25
Capacity: 89 # of Children Present: 53 # of Staff Present: 16

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up to inspection 4/3/25

Observations/Corrections needed:

✓ #27(d)(6) nap time ratio is in compliance at this visit - OK

✓ #28 supervision is in compliance at this visit - OK

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: [Signature]
(OEC Representative)
Print Name: Al Montanye
Signature: [Signature]
(Person in Charge)
Print Name: RAIZY KAPLAN