

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy Date: 7/2/25 Time: 2:00
Location Address: 158 New Britain Ave. Rocky Hill Telephone #: 860-436-5307
e-mail address: natalia.doran@kiddieacademy.net License #: 70339 Expiration Date: 12/31/28
Capacity: 158/158 # of Children Present: 51 # of Staff Present: 11

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> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Investigation Case 2025-59K


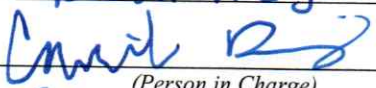
Observations/Corrections needed:

- Ⓟ 19a-79-5a(a)(3)(A) - record keeping - accident reports
pending investigation
- Ⓟ 19a-79-5a(a)(2)(E) - record keeping - care plans
pending investigation
- Ⓟ 19a-79-3a(a) - administration - health + safety
pending investigation.
- Ⓟ 19a-79-10(e)(8) - Under 3 endorsement - diapering procedure
pending investigation

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: 
(OEC Representative)
Print Name: Kristi Morgan
Signature: 
(Person in Charge)
Print Name: Caroline Banning