

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Kiddie Academy Date: 7/9/25 Time: 1:40

Location Address: 158 New Britain Ave Rocky Hill Telephone #: 860-436-5307

e-mail address: Natalia.doran@kiddieacademy.com License #: 70339 Expiration Date: 12/31/28

Capacity: 58/58 # of Children Present: 59 # of Staff Present: 12

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Investigation Case 2025-598

Observations/Corrections needed:

- ⑤ 19a-79-5a (a)(3)(A) - record keeping - illness, injury, incident, and accident reports - program did not provide an incident report to parent when child was fed an allergen. Program failed to provide parent an accident report for an injury no later than the next business day when injury happened on 5/6/25 + parent did not receive it until 5/27/25 by email.
- ⑤ 19a-79-5a (a)(2)(E) - record keeping - care plans - care plan not available for review
- ⑤ 19a-79-3a(a) - Administration - ensuring the health and safety of children - program failed to ensure the health + safety of a child when he was fed a known allergen.
- ⑤ 19a-79-10 - Under 3 endorsement - diapering procedure - program failed to follow their diapering procedure when child was sent home soiled twice.

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: 7/23/25

Signature: *Krish Morgan*  
(OEC Representative)  
Print Name: Krish Morgan  
Signature: *Natalia Doran*  
(Person in Charge)  
Print Name: Natalia Doran

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy License # 70339 Date: 7/9/25

Observations/Corrections needed:

~~19a-79-10(c)(2)~~

(S) 19a-79-10(c)(2) - Under 3 endorsement - ratios - observed  
Spanrows 1 room at an 8:1 ratio with 2 children awake at  
naptime.

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Signature: Chommy Krishn Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Natalia Doran  
(Person in Charge)

OEC BY: 7/23/25