

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Academy of Rocky Hill Date: 7/29/25 Time: 3:00

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

e-mail address: rdurphyhill@kiddieacademy.net License #: 70339 Expiration Date: 12/31/25

Capacity: 158/58 # of Children Present: 53 # of Staff Present: 12

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to CA# 2025-598

Observations/Corrections needed:

19a-79-10(c)(2) - under 3 endorsement - Ratios - 6:1
in compliance today. 4:1
4:1
5:1
4:1
4:1
3:1
4:1
5:1
10:1

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: RLB

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Magon
Signature: [Signature]
(Person in Charge)
Print Name: Amanda Diviano