

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Easterseals Childrens Acad - East Date: 8/16/25 Time: 1230 pm

Location Address: 128 Avenue of Industry waby Telephone #: 203 591 1814

e-mail address: acianciolo@ecwct.com License #: 16451 Expiration Date: 3/31/26

Capacity: 136 # of Children Present: 77 # of Staff Present: 16

**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 N/A

Purpose of visit: Complaint Investigation Case 2025-811

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing Child behavior -
Staff failed to appropriately manage a child's behavior when they
were seen roughly grabbing a child and sitting her in her lap for
about 1 minute.

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: 8/20/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)

Print Name: Antoinette Ciaccio