

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alphabet Academy (N) Date: 2/19/26 Time: 2:04pm

Location Address: 289 Dixwell Ave North Telephone #: 203 361 3340

e-mail address: director@alphabetacademy.com License #: 70811 Expiration Date: 1/31/29

Capacity: 158 # of Children Present: 91/47 # of Staff Present: 17
43/37 63

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 _____
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Purpose of visit: Site Stop 3mos partial (unannounced)

Observations/Corrections needed:

- #130 (g1) Under 12 mos placed on back OK
- (g1) crib w/ snug fitting mattress and tight-fitting sheet. OK
- (g3) no items in/on cribs OK
- (g4) no unapproved sleeping arrangements. OK
- (g7) no teething necklaces, jewelry b, b's etc. 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: Charlynn Lombardo
Signature: [Signature]
(Person in Charge)
Print Name: Tiffany Nilsson