

Early Excellence Academy #1695469

Arrival Date and Time 01/15/2021 12:19 PM Departure Date and Time 01/15/2021 01:38 PM

Part I: O	PERATION	INFORM	ATION
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Location: 30330 QUINN RD, TOMBALL, TX 77375	Phone: (281) 357-3100	
Permit Type: License		

Type: Child Care Program Capacity:68 Infant Capacity:

Status: Full

Director/Administrator: Megan Parker Designee/Registrant: Megan Parker

Director/Administrator:

Type of Inspection: Unannounced Monitoring

Licensing Staff: JACQUELINE VERA Phone: (832) 298-1827

Address: 2017 N FRAZIER STE C1, CONROE, TX 77301

Licensing Supervisor: KAREN VINCENT Phone: (936) 689-0754

Address: 2017 N FRAZIER STE C1, CONROE, TX 77301

Part II: NOTIFICATION

✓ Controlling Persons have been verif	ied.		
✓ Back ground checks have been verif	fied.		
✓ The following items regarding risk t	to children were evaluated:		
The Supervision of Children		Conditions of any Waiver/Variance, if applicable	
Child/Caregiver Ratio		Director and/or Caregiver Responsibilities	
Obvious Fire, Safety, and/or Sanitation Deficiencies		Restrictions and/or Conditions of the Permit	
A Sampling of Serious Incidents Reports (RCCL only)		Background Checks	
Children in Care: 45		☐Dir Qual Eval	
All or part of the following laws, admin	istrative rules or Minimur	n Standard rul	es have been inspected:
Standard x Standard	Pre-K Children		Health Practices
Administration	School Age Children		✓ Safety Practices
Record Keeping	✓ Discipline		✓ Physical Facilities
Personnel	✓ Naptime ✓ O		✓ Outdoor Safety
Ratios and Group Sizes	Field Trips Pools		Pools
Activities	Get Well Care (Centers	only)	✓ Fire Safety
Infants	Nighttime Care		Transportation
Toddlers Nutrition and Food Services □ Toddlers			



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☐ Inspection results from another state agency or political subdivision were used in the evaluation of some standards.
Health and Safety Audit conducted
Others:



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Failure to maintain compliance on an ongoing basis may result in enforcement actions

In an effort to improve our inspection process, we are soliciting your feedback about this licensing inspection at your operation. Please provide responses to the questions posed in the online survey. The survey will take approximately 5-10 minutes to complete. Go to www.CCLinspectionfeedback.org. Your answers and comments are greatly appreciated.

ACKNOWLEDGEMENT OF RECEIPT

An inspection was conducted at my operation on the date below. Deficiencies and, where applicable, technical assistance were discussed with me during the exit conference. Failure to comply within the specified time limit or repetition of deficiencies may result in remedial action without further opportunity to correct the deficiencies. I understand that if the results of this inspection were not given to me on this date, they will be sent through a supplemental letter within ten days of this inspection.

Downsof	01/15/2021	J. H. M.	01/15/2021
Signature (Person Signing for Operation)	Date	Signature (Licensing Staff)	Date



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Part III: INSPECTION INFORMATION	
Records Evaluated:	
Number of Children's Records:	Number of Staff Records:
Number of Children Enrolled:	Number of Staff Employed:
Inspection Dates:	
Fire Inspection: 11/04/2020	Gas Pipe Pressure Test: 07/23/2020
Health Inspection: 02/06/2020	Last LP Gas Inspection :
Liability Insurance (exp.date) 04/01/2021	
No monitoring deficiencies were found at this inspection	ı.
Notification Date: 01/15/2021	
If you disagree with the actions or decisions of the licen receipt of this inspection report by writing the Licensing	nsing staff, you may request an administrative review within 15 days of the Supervisor.
Providers may comment on the findings of the inspection	on in the space below.