

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Church Academy for Young Date: 12/2/21 Time: 12:30

Location Address: 12 South main street, West Telephone #: 860 232-2106
Hartford

e-mail address: dquinn@firstchurchacademy.org license #: 12168 Expiration Date: 1/31/25

Capacity: 100/24 # of Children Present: 38 # of Staff Present: 14

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: Follow-up to 10/12/21

Observations/Corrections needed:

- 16. staff health record: OK✓
- 26. consultant contract: OK✓
- 27. consultant Logs: OK✓
- 76. hazardous substances: OK✓
- 93. playground fencing: OK✓
- 130. safe sleep: OK✓ no violations at this visit

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: Erin Wraight

(OEC Representative)
Print Name: Erin Wraight

Signature: Dawn A Quinn

(Person in Charge)
Print Name: Dawn A Quinn