☐ Initial ☒ Unannounced Full (Partial) ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Church Academy for Young Children Date: 3/17/22 Time: 935

Location Address: 12 S. main st, West Hartford Telephone #: (860) 232-2106

e-mail address: dquinn@firstchurchacademy.org License #: 121168 Expiration Date: 1/31/25

Capacity: 100/24 # of Children Present: 49 # of Staff Present: 12

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: Safe sleep partial

Observations/Corrections needed:

No violations at this time.

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: _____
(OEC Representative)
Print Name: Erin Waight

Signature: _____
(Person in Charge)
Print Name: Dawne Quinn