

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Church of Christ Preschool Date: 4/7/22 Time: 12:12

Location Address: 250 Main St Wethersfield Ct Telephone #: 860-529-1515

e-mail address: lisa@firstchurch.org License #: 13969 Expiration Date: 4/30/25

Capacity: 74 # of Children Present: 5 # of Staff Present: 4

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Playground follow up (due to snow coverage)

Observations/Corrections needed:

_____ Playground in compliance at time of _____

_____ 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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Lisa Roncauoli