

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pequenin Children Multicultural Date: 3/18/23 Time: 3:30
Readiness Academy

Location Address: 37 Grove St Hartford CT 06106 Telephone #: 860-951-0400

e-mail address: pequenin@pequeninhartford.org License #: 16523 Expiration Date: 10/31/24

Capacity: 10 32 ↓ # of Children Present: 26 (W) # of Staff Present: 7+

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 _____

Purpose of visit: Background checks

Observations/Corrections needed:

19a-79-4a(b)(2): Background Checks: 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: [Signature]
(OEC Representative)

Print Name: Johanne Salo

Signature: [Signature]
(Person in Charge)

Print Name: _____