

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kings Chapel Early Care & Education Date: 8/21/23 Time: 10:41am

Location Address: 400 Woodland St. Hartford Center Telephone #: 860-560-0387

e-mail address: tgraham@kingschapel.edu License #: 70024 Expiration Date: 9/30/23

Capacity: 52 32 ✓ # of Children Present: 41 23 ✓ # of Staff Present: 12

**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: Follow up from inspection conducted on 8/3/22

Observations/Corrections needed:

19a-79-10(c)(2) Ratio → In compliance at time of visit

19a-79-10(c)(3) Group Size → In compliance at time of visit

19a-79-10(c)(4) Barrier → 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: 

Print Name: Johanne Dalo  
(OEC Representative)

Signature: 

Print Name: Terry Graham  
(Person in Charge)