

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - 1 Date: 8/14/21 ^{SD} ~~8/3/21~~ Time: 9:00
Location Address: 1430 Highland Av Cheshire Ct Chesire Telephone #: 203-651-7407
e-mail address: rwilder@educationalplaycare.com License #: 70369 Expiration Date: 8/31/21
Capacity: 241 ²⁶⁶ # of Children Present: 115 ^{50M} / 69 # of Staff Present: 29

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: <u>N/A</u>
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Purpose of visit: Follow up on ratio

Observations/Corrections needed:

No violations 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 Dato
Signature: [Signature]
(Person in Charge)
Print Name: Roseann Wilder