

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - West Hartford Date: 9/7/21 Time: 2:45

Location Address: 5 Fenway Telephone #: (800) 519-0383

e-mail address: nwalsh@educationalplaycare.com License #: 70171 Expiration Date: 5/31/22

Capacity: 199/96 # of Children Present: 0 # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: Followup to 8/24/21 re: Flood damage repair

Observations/Corrections needed:

observed rooms cleaned and setup for children. OK for reoccupancy  
when OEC receives: ① Local health approval  
② clearance from contractor

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: Erin Waight  
(OEC Representative)

Print Name: Erin Waight

Signature: Brittany Pizzella  
(Person in Charge)

Print Name: Brittany Pizzella