☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 9/15/21 Time: 10:30 AM

Location Address: 135 West Rd Bldg 3 Ellington Telephone #: 860 896 5544

e-mail address: tracey@educationalplaycare.com License #: 704100 Expiration Date: 3/31/22

Capacity: 235/112 # of Children Present: 158 # of Staff Present: 30

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*** N/A

Purpose of visit: Partial for Case 315

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4) - Staffing - Ratios - Walk through conducted. No violations at this 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.

Signature: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Lauren Hull _____ *(Person in Charge)*

T. Tomlinson