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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Ltd- Simsbury Date: 10/14/21 Time: 1:15

Location Address: 1 Saint Johns Pl, Simsbury Telephone #: (860)651-9339

e-mail address: nwalsh@educationalplaycare.com License #: 16415 Expiration Date: 11/30/25

Capacity: 220/88 # of Children Present: 120 # of Staff Present: 24

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: Fence Follow-up

Observations/Corrections needed:

7:2 16:2	Fence now measuring 4 feet. NO further
8:2 10:1	corrections needed at this time.
4:1 7:1	
4:1 19:2	
7:2 10:1	
8:1	
8:2	
8:2	
4:1	

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 Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Elizabeth Marck
(Person in Charge)

Print Name: Elizabeth Marck