

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Cheshire Date: 12/15/21 Time: 8:40

Location Address: 1430 Highland Ave Cheshire, Ct Telephone #: 203-651-7407

e-mail address: rwilder@educationalplaycare.com License #: 06410 70369 Expiration Date: 8/31/25

Capacity: 270 ⁽⁹⁶⁾ # of Children Present: 126 ⁽⁶³⁾ # of Staff Present: 27+

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|--|--|
| Consent to Inspect Family Child Care Home | <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: Unannounced partial inspection on ratios

Observations/Corrections needed:

19a-79-4a(c)(4)(A): Ratio: 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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)

Print Name: Roseann Wilder