☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☑ Other Co-Monitoring second

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Cheshire Date: 2/2/22 Time: 9:25am

Location Address: 1430 Highland Ave Cheshire, CT 06410 Telephone #: 203 651-7407

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

Capacity: 270 u396 # of Children Present: 130 u255 # 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*** N/A

Purpose of visit: Consent Order Monitoring - second

Observations/Corrections needed:

Condition #8 - Observed compliance

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: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

Signature: Keisha Chandler
(Person in Charge)
Print Name: Keisha Chandler