

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - West Hartford Date: 2-8-22 Time: 9

Location Address: 5 Fenway, West Hartford Telephone #: 860-519-0383

e-mail address: bp.zrella@educationalplaycare.com License #: 20171 Expiration Date: 5-31-22

Capacity: 195 # of Children Present: 107 # of Staff Present: 27

**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: Case # 2021-592 - 3 month partial

Observations/Corrections needed:

NS 19c.79-4a(e)(4)(D) - supervision, observed
proper supervision and ratios in
all classrooms

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Deanna Montefredo