

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 3-1-22 Time: 11:30

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

e-mail address: bpizzella@educationalplaycare.com License #: 70171 Expiration Date: 5-31-22

Capacity: 195 # of Children Present: 150 # of Staff Present: 32

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: 3 month follow up for case 2021-811

Observations/Corrections needed:

NS 19a.79-49(e)(4)(D) - supervision - observed proper supervision and ratios in all classrooms and outside play areas

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: \_\_\_\_\_  
(OEC Representative)

Print Name: Ken Eddy

Signature: \_\_\_\_\_  
(Person in Charge)

Print Name: Brian Pizzella