

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Farmington Date: 3/7/22 Time: 2:30

Location Address: 360 Colt Hwy, Farmington Telephone #: (860) 678-8659

e-mail address: nwalsh@educationalplaycare.com License #: 15735 Expiration Date: 3/31/22

Capacity: 285/124 # of Children Present: 141 # of Staff Present: 29

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: Supervision partial

Observations/Corrections needed:

NO supervision concerns at this time.

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 Waight
(OEC Representative)
Print Name: Erin Waight

Signature: Alicia Flynn
(Person in Charge)
Print Name: Alicia Flynn