☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Ellington Date: 3-1-22 Time: 10

Location Address: 135 West Rd., Bldg 3, Ellington Telephone #: 860 896 5544

e-mail address: tracy@educationalplaycare.com License #: 70400 Expiration Date: 3-31-22

Capacity: 233 # of Children Present: 144 # of Staff Present: 26

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 # 2021-100

Observations/Corrections needed:

P 19a-79-5a (a)(3)(A)(2)(E) - care plan

P 19a-79-9a (b)(3)(A) - written order

All regulations pending investigation

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: Kevin Eddy

Signature: _____ *(Person in Charge)*

Print Name: T. Tomlinson