

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Educational Playcare - Berlin      Date: 11/16/21      Time: 1:40pm

Location Address: 9 High Rd, Berlin, CT 06037      Telephone #: 840 357-2024

e-mail address: acaucci@educationalplaycare.com      License #: 70226      Expiration Date: 3/31/23

Capacity: 165<sup>us 80</sup>      # of Children Present: 83      # of Staff Present: 17

<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> <u>N/A</u>
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Purpose of visit: Follow up ratio

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the visit.

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: [Signature]  
(OEC Representative)  
Signature: [Signature]  
(Person in Charge) Amy Caucci