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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Play Care Date: 4/26/22 Time: 1:40

Location Address: 137 West Rd., Ellington Telephone #: 860-896-5544

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

Capacity: 233 # of Children Present: 135 # of Staff Present: 23+2

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: Follow up to 3/29/22 full inspection.

Observations/Corrections needed:

Follow up to 3/29/22 inspection to check CAP items and group size - preschool.

#88-9" of impact material not observed under climbing wall.

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: 5/10/22

Signature: Linda Maylan
(OEC Representative)
Print Name: Linda Maylan

Signature: L Tomlinson
(Person in Charge)
Print Name: L. Tomlinson