

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 5/18/22 Time: 10:00am

Location Address: 555 Day Hill Rd Windsor Telephone #: 860 580 5280

e-mail address: awalsh@educationalplaycare.com License #: 16517 Expiration Date: 1/31/26

Capacity: 184/184 # of Children Present: 71 # of Staff Present: 17+

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 <u>N/A</u>
--	--

Purpose of visit: Self-reported incident Case 2022-321

Observations/Corrections needed:

⑤ 19a-79-3a(d) - Administration - Program policies - Staff failed to conduct a name to face count when transitioning from the playground

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when he was left on the playground for 2 minutes and 25 seconds, per video

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/1/22

Signature: [Signature]
(Person in Charge)

Print Name: Ashtley Walsh