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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Plty Care Date: 6/10/22 Time: 9:00

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

e-mail address: tracey@educationalplaycare.com License #: 70400 Expiration Date: 3/31/24

Capacity: 33 # of Children Present: 13 # of Staff Present: 2+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 - Confirm group size compliance.

Observations/Corrections needed:

Observed all group sizes met/discussed.
No violations observed.

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: Linda Mayhan
(OEC Representative)
Print Name: Linda Mayhan

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