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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare LTD. Date: 6-3-22 Time: 12:30

Location Address: 1 Saint Johns Pl., Simsbury Telephone #: 860-651-9339

e-mail address: libby@educationalplaycare.com License #: 16415 Expiration Date: 11-30-25

Capacity: 220 # of Children Present: 148 # of Staff Present: 25

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 # 2022-361

Observations/Corrections needed:

P 19a-79-3c(9) - ensuring the safety, health, and development of the child

P 19a-79-10(K)(1) - feeding schedule

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: Elizabeth Marek