

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 6/29/22 Time: 12:15pm

Location Address: 1430 Highland Ave Chesire Telephone #: 203 651 7407

e-mail address: Michele @ educationalplaycare.com License #: 70369 Expiration Date: 8/31/25

Capacity: 270/96 # of Children Present: 160 # of Staff Present: 31+

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>
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Purpose of visit: Self-reported Incident Case 2022-436

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Program ^{staff} failed to supervise a child when the child unknowingly left the classroom bathroom and went into an unoccupied classroom for 5 minutes.

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: 7/13/22

Signature: [Signature]

Print Name: Lauren Hill
(OEC Representative)

Signature: [Signature]

Print Name: Sarah Yinemar
(Person in Charge)