

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 7/15/22 Time: 9:30 AM

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

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

Capacity: 270/96 # of Children Present: 165 # of Staff Present: 30

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: Follow up case 2022-436

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision -

Walk through conducted. No violations at this visit.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Roseann Wilder