

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Windsor Date: 7-18-22 Time: 11:30

Location Address: 555 Day Hill Rd., Windsor Telephone #: 800-580-5280

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

Capacity: 184 # of Children Present: 85 # of Staff Present: 21

**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 to case # 2022-446

Observations/Corrections needed:

NS 19a-79-4a(e)(4)(D) - supervisor. observed proper supervision and ratios in all classrooms and outside

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: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Ashley Walsh