

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Date: 7/27/22 Time: 12:20
Location Address: 1430 Highland Ave Cheshire Ct Cheshire Telephone #: 203-651-7407
e-mail address: nwilden@educationalplaycare.com License #: 70369 Expiration Date: 8/31/25
Capacity: 270 # of Children Present: 164 # of Staff Present: 32+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Background check follow up

Observations/Corrections needed:

19a-79-4a (b): Observed 2 staff working in classrooms and still in need of background check (not current)

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: 8/3/22

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dabo

Signature: [Signature]
(Person in Charge)
Print Name: Sarah Yinemman