

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Gastonbury Date: 8/23/22 Time: 2:45 pm

Location Address: 1199 Hebron Avenue Telephone #: (860) 430-4964

e-mail address: nwalsh@educationalplaycare.com License #: 70526 Expiration Date: 11/30/23

Capacity: 74 # of Children Present: 42 # of Staff Present: 6

**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 NIA

Purpose of visit: Follow-up to 7/21/22

Observations/Corrections needed:

(6) staff physicals: 1 staff without TB test

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wraight  
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/6/2022

Signature: Lucy Baker  
(Person in Charge) Lucy Baker