

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 9/7/21 Time: 11:45 AM

Location Address: 555 Day Hill Rd Windsor Telephone #: 860 580 5280

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

Capacity: 184/104 # of Children Present: 71 # of Staff Present: 17+

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|--|--|
| 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. Provider/Applicant/Substitute's Signature <u>N/A</u></i> |
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Purpose of visit: Partial for case 2022-321

Observations/Corrections needed:

NS 9a-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: Ashley Walsh