

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Park Date: 9/13/22 Time: 11:20

Location Address: 389 Park Rd, West Hartford Telephone #: (860) 856-9936

e-mail address: nwalsh@educationalplaycare.com License #: 70335 Expiration Date: 11/30/24

Capacity: 111/68 # of Children Present: 76 (56) # of Staff Present: 24

| | |
|--|---|
| 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 <u>N/A</u> |
|--|---|

Purpose of visit: Ratio/Group size Partial Inspection

Observations/Corrections needed:

19a-79-10(c)(2) - Ratio - observed ratio of 1:5 in Parrot 3 during walk-through.

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: E. Waight
(OEC Representative) E. Waight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/27/22

Signature: MF
(Person in Charge)
Madeleine Ferris