

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Park Date: 9/21/22 Time: 2:35
Location Address: 389 Park Rd, West Hartford Telephone #: (800) 856-9936
e-mail address: nwalsh@educationalplaycare.com License #: 70335 Expiration Date: 11/30/24
Capacity: 111/68 # of Children Present: 72⁽⁵⁵⁾₍₆₃₎ # of Staff Present: 19

**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 9/13/22

Observations/Corrections needed:

19a-79-10 (c)(2) - Ratio - Ratio in compliance 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.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NIA

Signature: Emily C. Gagnon
(Person in Charge) Emily Gagnon