

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Park Date: 9-26-22 Time: 10:15

Location Address: 389 Park Rd., west Hartford Telephone #: 860-856-9936

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

Capacity: 110 # of Children Present: 65 # of Staff Present: 14

<b>Consent to Inspect Family Child Care Home</b>	<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 _____</i>
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Purpose of visit: follow up case # 2022-733

Observations/Corrections needed:

NS - 19a-79.4a (c)(4)(D) - observed proper supervision and ratios in all classrooms and outside

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: \_\_\_\_\_

Signature: [Signature] Kevin Eddy  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)  
Emily Gagnon