

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Glastonbury Date: 9/2/22 Time: 10:30am

Location Address: 1193 Hebron Ave Glastonbury, CT 06033 Telephone #: (860) 430-4964

e-mail address: kpincham@educationalplaycare.com License #: 70342 Expiration Date: 12/31/2024

Capacity: 260^{u3144} # of Children Present: 159 # of Staff Present: 32

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</i> <u>N/A</u>
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Purpose of visit: Follow up - Ratsv

Observations/Corrections needed:

Observed compliance with ratsv regulations at the time of the 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: Stephanie Pic
(OEC Representative)

Print Name: Stephanie Pic

Signature: Katie Pincham
(Person in Charge)

Print Name: Katie Pincham