☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 10/13/22 Time: 9:10

Location Address: 2 Saw Mill Rd. Newtown Telephone #: 203 304-2277

e-mail address: ldurnin@educationalplaycare.com License #: 70427 Expiration Date: 8/31/26

Capacity: 285/112 # of Children Present: 139 # of Staff Present: 33

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***_____

Purpose of visit: Investigation 2022-794

Observations/Corrections needed:

(S) 19a-79-3a(d)(5)(C) implement policies- staff failed to follow program policy of classroom supervision when she failed to maintain visual supervision of children at all times within the classroom.

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: 10/27/2022

Signature: Karen Hicks (OEC Representative)

Print Name: Karen Hicks

Signature: (Person in Charge)

Print Name: Lauren Durnin