

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Windsor Date: 10-28-22 Time: 10  
Location Address: 555 Day Hill Rd., Windsor Telephone #: 860-580-5280  
e-mail address: awalsh@educationalplaycare.com License #: 16517 Expiration Date: 1-31-26  
Capacity: 184 # of Children Present: 75 # of Staff Present: 20

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: 3 month follow up for case 2022-446

Observations/Corrections needed:  
NS - 19a-79-4a(c)(4)(2) - supervision. - observed proper supervision and ratios in all classrooms

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]  
(OEC Representative)  
Print Name: Kevin Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Ashley Walsh