

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 10/28/22 Time: 11:45  
am

Location Address: 1430 Highland Ave Cheshire Telephone #: 203 651 7407

e-mail address: rwilder@educationalplaycare.com License #: 70369 Expiration Date: 8/31/25

Capacity: 270/46 # of Children Present: 154 # of Staff Present: 30+

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature N/A

Purpose of visit: Partial for cases 436, 516, 716

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walkthrough  
conducted - No violations 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: [Signature]  
(OEC Representative)  
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]  
(Person in Charge)  
Sarah Yuenan