

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 11/15/22 Time: 12:00

Location Address: 563 Durham Rd Madison Telephone #: 203 245 3123

e-mail address: Kweich @ educationalplaycare.com License #: 70280 Expiration Date: 12/31/23

Capacity: 90/51 # of Children Present: 77 # of Staff Present: 16

**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: N/A

Purpose of visit: Follow-up

Observations/Corrections needed:

NS  
19a-79-10(c)(2) - Under three endorsement ratios - walk through 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.

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

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Kelsey Weich