

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Glastonbury Date: 8/23/22 Time: 12:01 pm

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

e-mail address: lbaker@educationalplaycare.com License #: 70342 Expiration Date: 12/31/24

Capacity: 260^{u3 144} # of Children Present: 170 # of Staff Present: 35

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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Self-reported incident Case # 2022-650

Observations/Corrections needed:

① 19a-79-3a(b)(8)(A) Administration - Managing child behavior

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: Stephane Pic.

Print Name: Stephane Pic.

Signature: Lucy Baker

Print Name: Lucy Baker