

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare-West Hartford Date: 8/24/21 Time: 10:00

Location Address: 5 Fenway, West Hartford Telephone #: (860) 519-0383

e-mail address: nwalsh@educationalplaycare.com License #: 70771 Expiration Date: 5/31/22

Capacity: 199/96 # of Children Present: 81 # of Staff Present: 21

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: Assessment of Flood Damage in Main wing

Observations/Corrections needed:

Program had significant flood damage Thursday August 19th.
Children and staff returned to "West wing" ^{and Hays Hall} Monday August 23rd.
Specialist observed kitchen in damaged area still in use and parent/child entering for drop off.

- Before end of day please submit: ① Local health approval to continue to use kitchen for food preparation ② Local health approval for staff/children and families to enter/exit/work in damaged area ③ written plan to OEC regarding use of space ④ Documentation from contractor regarding safety of children during work completed

- Prior to reoccupation of space program must submit ① Local health approval ② Building department approval

- In order for 2nd floor unlicensed space to be used program must obtain: ① fire, local health, OEC inspection and approval ② Lead paint test

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: Erin Wraight

Print Name: Erin Wraight
(OEC Representative)

Signature: Brittany Pizzella

Print Name: Brittany Pizzella
(Person in Charge)