☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare LTD Simsbury Date: 9-20-21 Time: 12:30

Location Address: 1 Saint Johns Pl., Simsbury Telephone #: 860-651-9339

e-mail address: libby@educationalplaycare.com License #: 16415 Expiration Date: 11-30-25

Capacity: 220 # of Children Present: 104 # of Staff Present: 15

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*** _____

Purpose of visit: Case # 2021-626

Observations/Corrections needed:

S 19a-79-3a(a) - Staff did not ensure the safety, health, and development of a child when staff gave a child pancakes containing egg to a child with a known egg allergy.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

S

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10-4-21

Signature: _____ (OEC Representative)

Print Name: Kevin Eddy

Signature: _____ (Person in Charge)

Print Name: Elizabeth Marek