

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Manchester Date: 11/22/21 Time: 9:02am

Location Address: 452 Tolland Tpke Manchester 06042 Telephone #: 860 282-4267

e-mail address: manchester@educationalplaycare.com License #: 70463 Expiration Date: 12/31/22

Capacity: 231 ^{u3 116} # of Children Present: 72 ⁷⁶ # of Staff Present: 16 ¹⁷ ^{SP}

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: <u>N/A</u>
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Purpose of visit: Follow up group size/ratio

Observations/Corrections needed:

Observed compliance with group size/ratio at the time of the 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: Stephanie Pica
(OEC Representative)
Signature: Melissa Drasdis
(Person in Charge)

Melissa Drasdis