

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Park Date: 3/15/22 Time: 11:45

Location Address: 389 Park Rd W. Hartford Telephone #: 860 856 9936

e-mail address: kpinkham@educationalplaycare.com License #: 70335 Expiration Date: 11/30/24

Capacity: 110/76 # of Children Present: 87 # of Staff Present: 19+

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature	<u>N/A</u>

Purpose of visit: Self-report Case 2022-138

Observations/Corrections needed:

⑤ 19a-79-3a(d)-Administration-Program Policies-Staff failed to follow supervision policy when they did not count the children when transitioning from outside.

⑤ 19a-79-4a(c)(4)(D)-Staffing-Supervision-Staff failed to supervise a child when they left the child alone in the hallway bathroom for about 2 minutes.

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: 3/29/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Katie Pinkham