

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Educational Playcare Date: 2/9/22 Time: 10:50am

Location Address: 452 Tollard Tpk Manchester, CT 06042 Telephone #: (860) 888-4207

e-mail address: manchester@educationalplaycare.com License #: 70463 Expiration Date: 2/31/2022

Capacity: 231 # of Children Present: 74 # of Staff Present: 16+

**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 N/A

Purpose of visit: Partial for ratio

Observations/Corrections needed:

Observed compliance with ratio requirements 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: [Signature]  
(OEC Representative)  
Print Name: Stephanie Pic  
Signature: [Signature]  
(Person in Charge)  
Print Name: Melissa H Drzdzis