

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Manchester Date: 6/22/22 Time: 9:35am

Location Address: 452 Tolland Tpke Manchester, CT 06042 Telephone #: (860) 288-4207

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

Capacity: 231 ^{u3 110} # of Children Present: 127 # of Staff Present: 28+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature: <u>N/A</u>
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Purpose of visit: Self-reported Incident Case # 2022-424

Observations/Corrections needed:

- ⑤ 19a-79-3a(a): Administration - Ensure the safety, health and development of children - Operator failed to ensure the safety and health of a child when a child was served an allergen and had a severe allergic reaction.
- ⑤ 19a-79-3a(d)(7): Administration - General operating policies - Allergies - Program failed to follow their policy when they did not post allergy alert sign in the classroom or kitchen, which included the child's name, a picture of the child and the description of the allergy.
- ⑤ 19a-79-5a(a)(2)(E) Record Keeping - Individual plan of care - Observed allergy plan. Program failed to have all staff responsible for the care of the child, sign the plan. At least one staff person, who cared for the child, unaware that the child had an allergy.

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: 7/6/22

Signature: [Signature]
(OEC Representative)
Print Name: Stephanie Pica
Signature: [Signature]
(Person in Charge)
Print Name: Melissa Drasdis