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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Date: 8/1/22 Time: 10:00

Location Address: 2 Saw Mill Rd. Newtown Telephone #: 203 304-2277

e-mail address: ldurnin@educationalplaycare.com License #: 70427 Expiration Date: 8/31/26

Capacity: 285/112 # of Children Present: 113/57 # of Staff Present: 27+

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: Investigation 2022-536 self-report

Observations/Corrections needed:

(NS) 19a-79-5a(a)(3)(A) Record Keeping, injury/illness report - operator provided evidence of a written illness report.

(NS) 19a-79-5a(a)(2)(E) Record Keeping, individual plan of care - operator provided evidence of a written plan of care for child with allergy. Information about allergy was posted in classroom w/ picture of child.

(NS) 19a-79-4a(f) Staffing, first aid/CPR training - Operator provided evidence that staff in room have firstaid/CPR training and are "medication administration" trained.

(S) 19a-79-3a(a) Administration, ensure health + safety of children - Operator failed to ensure health + safety of child when staff gave child with milk allergy an item containing dairy. Staff failed to monitor child for symptoms of an allergic reaction after realizing child consumed a restricted food.

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: 8/14/2022.

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: _____
(Person in Charge)
Print Name: Lauren Durnin