

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Manchester Date: 7-26-22 Time: 10

Location Address: 452 Tolland Tpke., Manchester Telephone #: 860-288-4207

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

Capacity: 231 # of Children Present: 96 # of Staff Present: 23

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* _____

Purpose of visit: Case # 2022-522

Observations/Corrections needed:

S 19a.79-79(e)(1) - did not observe thermometer affixed to the wall in 6 classrooms

NS 19a.79-79(e)(2) - observed increase ventilator and staff providing more fluids

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: 8-9-22

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)
Print Name: Tammy Cavanaugh