

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Educational Playcare - Manchester Date: 9/16/22 Time: 10

Location Address: 452 Tollard Tpk., Manchester Telephone #: 860-288-4207

e-mail address: Manchester@educationalplaycare.com License #: 70463 Expiration Date: 11-31-22

Capacity: 231 # of Children Present: 114 # 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: follow up case # 2022-687

Observations/Corrections needed: NS - 19a-79-4a (c) (4) <sup>KE</sup> - observed proper ratios at time of visit. observed 2 extra staff to assist with ratios.

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: \_\_\_\_\_

Signature: [Signature] Kevin Eddy  
(OEC Representative)

Signature: [Signature] Roberto Daniels  
(Person in Charge)