

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare-Manchester Date: 9-2-22 Time: 11

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

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

Capacity: 231 # of Children Present: 107 # of Staff Present: 21

<b>Consent to Inspect Family Child Care Home</b>	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Case # 2022-687

Observations/Corrections needed:

S 19a.79-4a(c)(4) - ratios - proper ratios were  
not maintained on 8-29-22 in  
preschool class, proper were  
observed during today's 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: 9-16-22

Signature: [Signature]  
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Melissa Drasdis