

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Park Date: 9-12-22 Time: 11:45
Location Address: 389 Park Rd., West Hartford Telephone #: 860-856-9936
e-mail address: mferris@educationalplaycare.com License #: 70335 Expiration Date: 11-30-24
Capacity: 110 # of Children Present: 83 # of Staff Present: 19

| | |
|--|---|
| 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 _____ |
|--|---|

Purpose of visit: Case # 2022-733

Observations/Corrections needed:
S - 19a.7a.4a (c)(4)(D) - supervision. a child was
left unsupervised for 3 minutes
on the playground during transition
to the classroom

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] Kern Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9-26-22

Signature: [Signature]
(Person in Charge)

Madeleine Ferris