

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Berlin Date: 8-30-22 Time: 1

Location Address: 9 High Rd., Berlin Telephone #: 860 357 2024

e-mail address: acawcci@educationalplaycare.com License #: 70221 Expiration Date: 3-31-23

Capacity: 165 # of Children Present: 92 # of Staff Present: 18

**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: Case # 2022-658

Observations/Corrections needed:

S - staff did not ensure the safety, health and development of a child when a child with a known dairy allergy was given yogurt - 199-79-35 (9)

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: 9-13-22

Signature: [Signature]

Print Name: Kevin Eddy
(OEC Representative)

Signature: [Signature]

Print Name: Amy Cawcci
(Person in Charge)