

2022-858

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EDUCATIONAL Playcare - Park Date: 10/24/22 Time: 10:15am

Location Address: 389 Park Rd West Hartford, CT 06119 Telephone #: 860-856-9936

e-mail address: M Ferris @ Educational Playcare, Inc. License #: 70335 Expiration Date: 11/30/24

Capacity: 110/68 # of Children Present: 75 # of Staff Present: 17

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: Complaint/Investigation 2022-858

Observations/Corrections needed:

PLC - Emily Gagnon - Asst Director. Maddie Ferris - Director.

(NS) 19a-79-3a(b)(7) - Administration - Annual training/orientation

(NS) 19a-79-3a(3)(F) Record Keeping - Incident Report.

(S) 19a-79-3a(a) Administration - Health and Safety - the program did not assure the health and safety of a child at all times when a child who has been biting various children, was allowed to have access to other children in classroom. Child has bitten on at least 7 different occasions. Program did not immediately implement a safety/care plan for the biting child

(NS) 19a-79-4a(c)4(D) - Staffing - Supervision.

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: 11/8/22

Signature: Valecia Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: MFE
(Person in Charge)

Print Name: mferris@educationalplaycare.com