

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Berlin Date: 7/26/21 Time: 10:10am

Location Address: 9 High Rd. Berlin CT 06037 Telephone #: 860 357 2024

e-mail address: acauccei@educationalplaycare.com License #: 70226 Expiration Date: 3/31/23

Capacity: 165^{43 80} # of Children Present: 98^{43 36} # of Staff Present: 21

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: <u>NA</u>
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Purpose of visit: Self-Reported Incident Case # 2021-447

Observations/Corrections needed:

- ⑤ 19a-79-3a(a) Administration - Ensure the safety, health and development of children - Program failed to ensure the health, safety and development of a child when an infant sustained marks in a piece of equipment that was not designed for the child's age.
- ⑤ 19a-79-10(d) Under three endorsement - equipment. Equipment failed to meet the developmental needs of an infant when infant, 3 months, was placed in equipment designed for infants age 4 months and older.
- ⑤ 19a-79-10(g)(4) Under three endorsement - Infant sleep - Infant left asleep in stroller and bouncy seat to nap.
- ⑤ 19a-79-3a(b)(8)(c) Administration - Child Protection - Insufficient evidence to support that staff interacted with the child in a way that would intentionally cause marks.

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: 8/9/2021

Signature: [Signature]
(OEC Representative)

Print Name: Stephanie Pu

Signature: [Signature]
(Person in Charge)

Print Name: Amy Cauccei