

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Glastenbury Date: 10/19/21 Time: 8:30 am
10:00

Location Address: 1193 Hebron Ave Glastenbury, CT 06033 Telephone #: 860 430-4964

e-mail address: lbaker@educationalplaycare.com License #: 70342 Expiration Date: 12/31/24

Capacity: 260 # of Children Present: 172 # of Staff Present: 23

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: <u>N/A</u>
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Purpose of visit: Follow up - Ratio - Groups in under three, and over three ratio

Observations/Corrections needed:

- ⑤ 19a-79-4a(c)(4) Staffing - Ratio - Program failed to maintain staff child ratio of 1 staff person to 10 children, in two rooms. Observed one preschool room with one teacher and 14 children. Observed ^{second} preschool room with 2 teachers and 21 children.
- ⑤ 19a-79-10(c)(2) Under three endorsement - Ratio - Program failed to maintain under three ratio of 1 staff to 4 children, in four rooms. Observed one infant room with 1 staff and 5 infants. Observed a toddler room with 2 staff and 11 children. Observed a second toddler room with 1 staff and 5 children. Observed a third toddler room with 1 staff and 5 children.
- ⑤ 19a-79-10(c)(3) Under three endorsement - Group size. Observed group size exceeding 8 children in one room where group size of 11 toddlers observed.

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: 11/2/2021

Signature: Stephanie Pa
(OEC Representative)

Print Name: Stephanie Pa

Signature: Lily Baller
(Person in Charge)

Print Name: Lily Baller