

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Glastenbury Date: 11/12/21 Time: 8:40am

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

e-mail address: lbaker@educationalplaycare.com License #: 70342 Expiration Date: 12/31/24
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Capacity: 260 # of Children Present: 134 # of Staff Present: 25

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>N/A</u>
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Purpose of visit: Follow up Ratio / Group Size

Observations/Corrections needed:

- ⑤ 19a-79-4a(c)(4)(A) Staffing - Ratio - Program failed to maintain 1 staff for 10 children when 2 staff and 21 children observed in a preschool room.
- ⑤ 19a-79-10(c)(2): Under three endorsement - Ratio - Program failed to maintain 1 staff for every 4 children in three classrooms. Observed 2 teachers and 11 toddlers in one room. Observed 2 teachers and 11 toddlers in a second room. Observed 1 teacher and 6 toddlers in third room.
- ⑤ 19a-79-10(c)(3): Under three endorsement - Group size Program exceeded group size of 8 in two rooms. Observed group size of 11 toddlers in one room. Observed group size of 11 toddlers in second room.

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: 11/15/2021

Signature: Stephanie Pia
(OEC Representative)
Signature: Lucy Baker
(Person in Charge)