

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Glastenbury Date: 11/16/21 Time: 8:34 am

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

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

Capacity: 260 ^{u3 120} # of Children Present: 112 ^{u3 71} # of Staff Present: 28

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>M/A</u>
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Purpose of visit: Follow up - group size ratio

Observations/Corrections needed:

(S) 19a-79-10(c)(2) Under three endorsement - Ratio - Program Euled to have 1 staff to 4 children in three classrooms. Observed two staff and eleven toddlers in one room. Observed two staff and 9 toddlers in second room. At arrival, one staff and ~~four~~ ^{FIVE} infants in third room.

(S) 19a-79-10(c)(3) Under three endorsement - Group size - Group size of eight exceeded in two toddler rooms. Observed eleven children in one room. Observed nine children 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: 11/30/2021

Signature: [Signature]
(OEC Representative)

Print Name: Stephanie Pa

Signature: [Signature]
(Person in Charge)

Print Name: Lucy Ball