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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Redding Bldg B Date: 2/7/22 Time: 1:15

Location Address: 20 Portland Ave. Redding Telephone #: 203 664-8181

e-mail address: Lrivera@educationalplaycare.com License #: 70564 Expiration Date: 9/30/24

Capacity: 96/80 # of Children Present: 39/21 # of Staff Present: 9+

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: Investigation 2022-66

Observations/Corrections needed:

(S) 19a-79-7a(e)(17) Physical plant, radon test- operator failed to have a current radon test for basement level of facility.

(S) 19a-79-~~3~~7a(f) ~~Staffing~~ Administration, parent access to facility during operating hours. - Operator failed to give parent access to facility during operating hours. Access is being limited due to COVID.

(NS) 19a-79-7a(d)(11) Toilet + washing facilities - total number of toilets and sinks meets requirements for current census.

(NS) 19a-79-4a(c)(4) Group size + ratios - operator within approved group size and ratio at time of inspection. Additional classroom available on main level to accomodate more children.

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: _____

Signature: Karen Hicks (OEC Representative)

Print Name: Karen Hicks

Signature: Lynette Rivera (Person in Charge)

Print Name: Lynette Rivera