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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Bld A. Date: 2/16/22 Time: 9:30

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

e-mail address: Lrivera@educationalplaycare License #: 705605 Expiration Date: 9/30/24

Capacity: 40/0 # of Children Present: 8 # of Staff Present: 1 (+1)

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 2022-89

Observations/Corrections needed:

(S) 19a-79-4a(c)(2) - Staffing, two people at all times on licensed premise - operator failed to have two people at least 18 or older on premise, When ~~with~~ eight children were in attendance with ~~and~~ one staff member in building.

(S) 19a-79-3a(c)(2) Administration, notification of change - operator failed to notify OEC that the program re-opened building A and used a classroom for eight preschool 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: 3/1/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Lynette Rivera
(Person in Charge)

Print Name: Lynette Rivera