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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Bldg A. Date: 2/17/22 Time: 9:45

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

e-mail address: Lrivera@educationalplaycare.com License #: 70565 Expiration Date: 9/30/24

Capacity: 40/0 # of Children Present: 0 # of Staff Present: 0

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: Follow up to investigation 2022-89 on 2/16/22

Observations/Corrections needed:

Operator had building closed and no children/staff present.
Operator stated notification sent to OEC licensing for approval to use the classroom.

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: N/A.

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: Carrie Ridel
(Person in Charge)
Print Name: Carrie Ridel