

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Bldg B Date: 2/16/22 Time: 9:30

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: 37 # of Staff Present: 8

**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- 83

Observations/Corrections needed:

(P) 19a-79-4a(c)(4) Staffing, ratios

(S) 19a-79-10(c)(2) Under three endorsement, ratios - operator did not maintain ratio in an under three classroom when one teacher left room to use bathroom leaving seven children with one staff member

(P) 19a-79-3a(b)(1) Administration, overall management and operation of child care.

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