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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare Building B Date: 2/28/22 Time: 1:00

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

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

Capacity: 96/80 # of Children Present: 17 # of Staff Present: 5

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 visit for case 2022-83 2/16 + 2/17/2022

Observations/Corrections needed:

(NS) 19a-79-4a(c)(5)(A) Staffing, group size

(NS) 19a-79-10(c)(2) Under three endorsement, ratios

Operator in compliance at time of this visit with ratios and group size. Bluebirds ~~group~~ group in lower level not in care at this time. Flamingos (twos) are not in care at this time. Classrooms closed due to COVID according to acting director.

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: Sarah Zarucha (Person in Charge)

Print Name: Sarah Zarucha