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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare - Bldg B Date: 3/23/22 Time: 1:00

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

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

Capacity: 96/80 # of Children Present: 42 # of Staff Present: 7 +3

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 for investigation 2022-83

Observations/Corrections needed:

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

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

Operator was in compliance with group size and ratios at this visit.

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: _____
(Person in Charge)

Print Name: Keshia Gregory