

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Educational Playcare - Berlin Date: 11/11/21 Time: 2:50pm

Location Address: 9 High Rd. Berlin, CT 06037 Telephone #: 840 357-2024

e-mail address: acauccei@educationalplaycare.com License #: 70226 Expiration Date: 3/31/23

Capacity: 165 <sup>43 80</sup> # of Children Present: 39 <sup>39</sup> # of Staff Present: 9

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
--	---

Purpose of visit: Partial - 3 months - Safe Sleep

Observations/Corrections needed:

(5) 19a-79-10(c)(2): Under three endorsement A Program failed to maintain 1 teacher to 4 children ratio in three rooms. Observed one toddler room with 1 teacher and 8 children with 4 children awake. Observed second classroom with 1 teacher and 8 children, with 3 children awake. Observed third classroom with 1 teacher and 6 children, with 3 children awake.

Ratio:

Observed compliance with safe sleep regulations, at the time of the 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: 11/15/21

Signature: [Signature]  
(DEC Representative)

Signature: [Signature]  
(Person in Charge)  
Stacie Zielinski