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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Educational Playcare · Building B Date: 5/23/22 Time: 9:00

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

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

Capacity: 96/80 # of Children Present: 32 # of Staff Present: 9(2)

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 inspection on 5/2/22

Observations/Corrections needed:

65 - Vents in bathroom unclean.

76 - observed unlocked + accessible toxins in 2 classrooms. Locks/cabinets appear to not be functioning properly.

77 - garbage not emptied on Upper playground.

89 - bags observed under climber.

19a-79-3a(c) - complete postings not observed at all entrances.

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: 6/6/22

Signature: _____ *(OEC Representative)*

Print Name: Kristen Magan

Signature: _____ *(Person in Charge)*

Print Name: Rakeshia Gregg