2022-685

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EDucational Playcare LTD - Simsbury Date: 9/1/22 Time: 9:30am

Location Address: 1 Saint Johns PL. Simsbury, CT 06070 Telephone #: 860-651-9339

e-mail address: Libby@educationalplaycare.com. License #: 16415 Expiration Date: 11/30/25

Capacity: 220/88 # of Children Present: ~~220~~ 145 # of Staff Present: 34

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: Complaint / investigation - 2022-685

Observations/Corrections needed:

PIC - Libby Marek - Director - Nancy Walsh - COGO (Chief Officer of Growth + operations)

(S) 19a-79-10(e)(7)- Under Three Endorsement- Diapering and toileting - hand-washing - OEC observed a staff not washing a child's hands after a diaper change. Staff was not adhering to program's diapering policy.

(NS) 19a-79-3a(b)(9)(A)- administration - Managing child's Behaviors - Staff managed child's behavior using techniques that are developmentally appropriate Practice, including positive guidance.

(NS) 19a-79-4a(c)(3)(A)- Staffing - ~~Personal~~ qualities

(NS) 19a-79-3a(b)(7) - administration - annual training (orientation)

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(OEC Representative)
Valecia Williams.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/14/22

Signature: x _____
(Person in Charge)
* Elizabeth Marek