

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Childcare Date: 9.26.21 Time: 12pm ^{27 (m)}

Location Address: 20 Forest St Stamford Telephone #: 203 832 3519

e-mail address: francheska^(m)1974@gmail.com License #: 70403 Expiration Date: 4.30.22

Capacity: 61/32 # of Children Present: 30 # of Staff Present: 11

**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 9.24.21 inspection on safe sleep.

Observations/Corrections needed:

- 123 - OK at inspection
- 129 - OK at inspection
- 130 - OK at inspection
- 135 - OK at inspection
- 14a-79.3ala) - OK at inspection

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: [Signature]
(OEC Representative)
Print Name: Tom Manganano

Signature: [Signature]
(Person in Charge)
Print Name: Francheska Velazquez