

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Childcare Date: 11-29-21 Time: 11:16am

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

e-mail address: francheska1974@gmail.com License #: 70403 Expiration Date: 4-30-22

Capacity: 16/32 # of Children Present: 23 # of Staff Present: 8

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature

Purpose of visit: partial inspection to 9-24-21 inspection (Safe Sleep)

Observations/Corrections needed:

(129) crib not used for infant sleeping: Infant observed sleeping in bouncer seat. Staff stated when other staff member left for break at 11am child was falling asleep in it. Child was sleeping in it at 11:16am. When inspector returned to room about 7 minutes later, child was awake and out of bouncer seat playing on floor.

Discussion

- Infant sleep with bib on in bouncer seat
- Safe Sleep practices

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: 12-13-21

Signature: [Signature]
(OEC Representative)
Print Name: Don Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Frances Pizzitola