

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Childcare Date: 12/14/21 Time: 1:15

Location Address: 20 Forest St Stamford Telephone #: 203.832.3519

e-mail address: francheska1974@gmail.com License #: 70403 Expiration Date: 4.30.22

Capacity: 61/32 # of Children Present: 26 # of Staff Present: 12

**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: Follow up to partial inspection on 11.29.21 (safe sleep)

Observations/Corrections needed:

No violations at this 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: Lon Mangano

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