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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play n Learn Child Development Date 2/1/22 Time: 1:35 pm

Location Address: 10 Wininger Dr 347 Rt 165 Preston Telephone #: 860 886-7529

e-mail address: cabobster@gmail.com License #: 160994 Expiration Date: 2/28/2025

Capacity: 64 43 24 # of Children Present: 30 # of Staff Present: 6

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*** N/A

Purpose of visit: Complaint Investigation Case 2022-52

Observations/Corrections needed:

(S) 19a-79-5a(a)(3)(A) Record Keeping - Injury, illness and accident reports - Program failed to complete a report for a child who was observed to be bleeding, with unknown reason. Program failed to inform/supply report to family/parents.

Additional Violations:

(S) 19a-79-4a(c)(4)(1) Staffing - Ratio - Observed 1 staff with 12 preschool children, exceeding the 1 to 10, staff child ratio, at the start of inspection, with children awake from nap.

(S) 19a-79-10(c)(2) Under three endorsement - Ratio - Program exceeded 1 to 4 ratio in "onsies" room. Observed one staff with 8 children, while some children were awake from nap.

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: 2/15/2022

Signature: Stephanie R. *(OEC Representative)*

Print Name: Stephanie R.

Signature: Courtney Klevin *(Person in Charge)*

Print Name: Courtney Klevin