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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play N Learn Child Development Center Date: 2/8/22 Time: 3:55 pm

Location Address: 10 Wininger Dr. Preston, CT Telephone #: (860) 886-7525

e-mail address: cabobster@gmail.com License #: 16099 Expiration Date: 2/28/25

Capacity: 64 ~~43~~ 34 # of Children Present: 36 # of Staff Present: 9

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: Follow up-Ratio

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the visit

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: _____ *(OEC Representative)*

Print Name: Stephanie Pia

Signature: Courtney Klewin *(Person in Charge)*

Print Name: Courtney Klewin