

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Childcare Date: 2/17/22 Time: 11:00am

Location Address: 20 Forest St Stamford Telephone #: 2038323519

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

Capacity: 11/32 # of Children Present: 28 # of Staff Present: 10

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial inspection to 11-29-21 partial inspection on safe sleep

Observations/Corrections needed:

No violations observed today with safe sleep.
Infants observed sleeping.

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: NIA

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