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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playtots Preschool Date: 3/15/22 Time: 11:15am

Location Address: 364 Sport Hill Rd Easton, CT. 06612 Telephone #: (203) 459-9700

e-mail address: Carole.Lisi@easton cc.com License #: 16494 Expiration Date: 3.31.22

Capacity: 90 # of Children Present: 64 # of Staff Present: 13

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*** _____

Purpose of visit: Partial

Observations/Corrections needed:

No Violations at this 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: J. R Roberts
(OEC Representative)

Print Name: Jen R Roberts

Signature: Carole D. Lisi
(Person in Charge)

Print Name: Carole D. Lisi