

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Playful Minds Learning Center - Enfield Date: 7/22/22 Time: 3:10 pm

Location Address: 115A Elm St. Enfield, CT 06082 Telephone #: 860 835-5066

e-mail address: ashley@playfulmindsllc.com License #: 70529 Expiration Date: 11/30/2023

Capacity: 68 # of Children Present: 29 # of Staff Present: 8

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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Follow up - Ratio/Supervision

Observations/Corrections needed:

Observed compliance with ratio/supervision 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: [Signature]
(OEC Representative)

Print Name: Stephanie Pic

Signature: [Signature]
(Person in Charge)

Print Name: _____