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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learn & Play Christian Early learning Center Date: 9/20/22 Time: 3:18pm

Location Address: 811 East Main St. Branford 06405 Telephone #: 203-488-4028

e-mail address: learnandplay@snet.net License #: 12728 Expiration Date: 9/30/25

Capacity: 51 # of Children Present: 31 # of Staff Present: 11

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 to inspection dated 9/14/22

Observations/Corrections needed:

19a-79-3a: program failed to ensure health and safety of children when 2 staff were observed working w/ children without a current background check.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: FMontanye *(OEC Representative)*

Print: FI Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: immediately / by end of day 9/20/22

Signature: _____ *(Person in Charge)*

Print: A. Bates