2023-64

☐ 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: 2/6/23 Time: 8 am

Location Address: 10 Winnger Drive 347 Route 165 Preston Telephone #: 860-886-7529

e-mail address: chirt18@hotmail.com License #: 16099 Expiration Date: 2/28/25

Capacity: 64/24 # of Children Present: 41 # 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*** _____

Purpose of visit: follow-up complaint 2023-64

Observations/Corrections needed:

PIC Courtney Klewin - Asst. Director/Courtney Woodrangee - Director on duty

(NS) 19a-79-4a(c)(4)(A) Staffing Ratios - Program was in approved ratio during visit

(NS) 19a-79-4a(c)4(D) Staffing - Supervision -- - Per director, Staff are supervising children appropriately

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: Vaqueeles
(OEC Representative)
Print Name: Valecia Williams

Signature: Courtney Klewin
(Person in Charge)
Print Name: Courtney Klewin