

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Play Kids Corner @ Mac Donough <sup>School</sup> Date: 3/15/23 Time: 3:30pm  
Location Address: 66 Spring St. Middletown CT 06457 Telephone #: 959-287-2862  
e-mail address: bmarini@midymca.org License #: 15 251 Expiration Date: 2/8/25  
Capacity: 500 # of Children Present: 1 # of Staff Present: 3

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: follow-up - 2023-103 (Self Report)

Observations/Corrections needed:

PIC ~~Site Manager~~ <sup>Director</sup> Britany Manns, Meg Scata Site manager

(NS) 19a-79-1a(c)4(D) - Staffing Supervisi - Per. Site manager  
Staff have been 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: nk

Signature: Valeca Williams  
(OEC Representative)  
Print Name: Valeca Williams  
Signature: Meg Scata  
(Person in Charge)  
Print Name: Meg Scata