☐ 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: 3/15/23 Time: 2:46pm

Location Address: 347 Route 165 Preston, CT Telephone #: 860 886-7529

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

Capacity: 64 43 24 # of Children Present: 39 # 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*** N/A

Purpose of visit: Complaint Investigation Case # 2023-208

Observations/Corrections needed:

(P) 19a-79-3a (d)(7): Administration - General operating policies -

(S) 19a-79-3a (d)(1) Administration - Daily attendance records for staff and children - Observed at least 4 staff who failed to record time of arrival and departure on a form of sign in.

(S) 19a-79-10(c)(2) under three endorsement - Ratio - Program failed to maintain 1 to 4 ratio. At arrival, 1 staff with 8 children when staff left the room and answered the door.

Pending - ratio's regarding allegations

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: Stephanie Pia
(OEC Representative)
Stephanie Pia

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/29/2023

Signature: Courtney Klein
(Person in Charge)
Courtney Klewin