☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play n Learn Date: 3/27/23 Time: 340pm

Location Address: 10 Wininger Dr. Preston, CT 06365 Telephone #: 840 886-7524

e-mail address: cabobster@gmail.com License #: 16099 Expiration Date: 16099

Capacity: 64 u3 24 # of Children Present: 51 # of Staff Present: 7+

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 Ratio + Safe Sleep

Observations/Corrections needed:

(S) 19a-79-10(c)(2): Under three endorsement - Ratio - observed 1 staff and 6 children in blue room, at walk through, exceeding (NS) 1 to 4 ratio.

(SP) ~~19a-79-10(g)(3) Under three endorsement - Safe sleep~~

Discussed removing pacifie attachment from pacifier prior to placing infants in crib for sleep.

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: 4/10/23

Signature: Courtney Woodmansee
(Person in Charge)
Courtney Woodmansee