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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play n Learn Developmental Center Date: 4/3/23 Time: 2:05pm

Location Address: 10 ~~Wind~~ Winnger Dr. Preston CT 06365 Telephone #: (860) 886-7529

e-mail address: Cabobster@gmail.com License #: 160999 Expiration Date: 2/28/25

Capacity: 64 (42+24) # of Children Present: 40 # of Staff Present: 8

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

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the visit

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: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

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