

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Date: 6.12.23 Time: 10am

Location Address: 20 Forest St Telephone #: 203.832.3519

e-mail address: playtolearn20@gmail.com License #: 70403 Expiration Date: 4.30.26

Capacity: 6/32 # of Children Present: N/A # of Staff Present: N/A

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: Virtual Partial Inspection on 6/8/23

Observations/Corrections needed:

19a-79-3a(c)(1) Administration - Notification of change - Program failed to notify
the department of a change in head teacher within 5 business days.

This violation was determined after office meeting on 6/8/23

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: 6.22.23

Signature: _____

(OEC Representative)
Print Name: Lon Mangano

Signature: _____
Sent via email 6.12.23

(Person in Charge)
Print Name: Francheska Velazquez