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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play N Learn CDC Date: 8/4/23 Time: 10:25 am

Location Address: 10 Winniger Dr 347 Rt 165 Preston Telephone #: 860 886 7529

e-mail address: Cabobster@gmail.com License #: 116099 Expiration Date: 2/28/25

Capacity: 64/24 # of Children Present: 28 # of Staff Present: 5

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 2023-693

Observations/Corrections needed:

(NS) 19a-79-3a(d)(4) - Administration - Emergency policy - Program staff followed their medical emergency policy when a child fell from the playscape and was injured.

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - No evidence that staff were not supervising the children on the playground.

(P) 19a-79-7a(h)(2) - Physical Plant - Outdoor Play Space - Pending.

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: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: Courtney Klewin (Person in Charge)

Print Name: Courtney Klewin