

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play to Learn Childcare Date: 11/25/24 Time: 9:45
Location Address: 20 Forest St. Stamford Telephone #: 203 832-3519
e-mail address: playtolearn 20 @ gmail . com License #: 70403 Expiration Date: 4/30/26
Capacity: 61/32 # of Children Present: 30/20 # of Staff Present: 11

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Self-report 2024-1245, serious injury.

Observations/Corrections needed:

- (NS) 19a-79-5a(a)(3)(A) Injury report - observed injury report for incident on file.
- (NS) 19a-79-4a(f)(2) First aid certified staff - observed current first aid certificates for staff providing care.
- (NS) 19a-79-4a(a)(4)(D) Supervision - insufficient evidence to support a regulatory violation.
- (NS) 19a-79-7a(c)(2) Hazards - did not observe any hazards in area where accident occurred
- (NS) 19a-79-5a(a)(3)(B) Parent notification of injury - parents notified of injury.
- (S) 19a-79-5a(a)(1)(D) ^{Emergency} Medical permission - regulation not met when emergency permission was left blank on child's enrollment form.

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: Karen Hicks Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/9/2024

Signature: Francheska Velazquez
(Person in Charge)