



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	PLAY TO LEARN - ENFIELD				License Number	DCCC.70689		Date of Inspection	09/11/2025		
					Expiration Date	1/31/2027		Time of Inspection	10:41 AM		
Address	18 SHAKER RD ENFIELD CT 06082-3112				Telephone	(860) 835-5100		Licensed Capacity	28		
					Hours of Operation	6:30 AM – 5:30 PM		Under Three Capacity	10		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	jessicaplc22@gmail.com					
Operator	PLAY TO LEARN 4 LLC				Director	JESSICA PEREZ IRIZARRY					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Lauren Hull					
Numbers of Staff/Children Present	# Children Present under age 3	3	# Total Children Present	9	# of Staff Present	2	Purpose of Visit	CO monitor #2			

**REGULATIONS NOT IN COMPLIANCE**

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

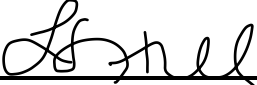

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<b>REGULATIONS IN COMPLIANCE</b>	
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**DISCUSSIONS/COMMENTS**

S. Condition #9- documentation of policies and procedures developed and implemented by CQIS consultant not observed. No documentation of updated policies and procedures.  
 S. Condition#10- no documentation that staff were trained on updated policies and procedures in May 2025 as stated on corrective action plan.  
 Condition #11 Program has an approved head teacher. Attendance has been documented.  
 Condition #13- in compliance. CQIS received copy of the consent order.

Were Violations cited during this visit? Y or N? **No** **NOTE:** \* It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lauren Hull	Mickayla perez	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>lauren.hull@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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