

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/17/21 Time: 2:30 pm
Location Address: 88 Executive Sq Wethersfield, CT 06109 Telephone #: 860 795-8889
e-mail address: wethersfield@flechildcare.com License #: 70534 Expiration Date: 1/31/24
Capacity: 119 # of Children Present: 48 # of Staff Present: 10

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. Provider/Applicant/Substitute's Signature</i> <u>N/A</u>
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Purpose of visit: Self-reported incident Case # 2021-824

Observations/Corrections needed:

Ⓟ 19a-79-3a(b)(8) Administration - Manage child behavior

Additional violations:

Ⓟ 19a-79-4a(c)(4)(A) Staffing - Ratio - Program failed to have at least 1 staff person to 10 children in one room, observed 1 staff person with 11 preschool children, with children awake from nap time.

Ⓟ 19a-79-10(c)(2) Under three endorsement - Ratio - Program failed to have at least 1 staff person for every 4 children in one room. Observed 1 staff with 8 children, awake from nap, at the start of the inspection.

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: Stephanie Pica
(OEC Representative)

Signature: Swarna Vengalam
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/1/2021

SWARNA VENIGALAM