

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 12/20/21 Time: 2:55pm

Location Address: 88 Executive Sq Wethersfield Telephone #: 860-785-8889

e-mail address: wethersfield@thechildcare.com License #: 20534 Expiration Date: 1/31/24

Capacity: 119 # of Children Present: 38 # 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.</i> Provider/Applicant/Substitute's Signature: <u>N/A</u>
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Purpose of visit: Follow up Ratio

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the visit.

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: [Signature]
Print Name: Stephanie Pic (OEC Representative)
Signature: [Signature]
Print Name: SWAPNA VENGALAM (Person in Charge)