

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/30/21 Time: 12:55 pm

Location Address: 88 Executive Sq. Wethersfield, CT 06109 Telephone #: 860 785-8889

e-mail address: wethersfield@thechildcare.com License #: 70534 Expiration Date: 1/31/2024

Capacity: 119^{43 64} # of Children Present: 54 # of Staff Present: 9

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: <u>N/A</u>
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Purpose of visit: Follow up - Ratio

Observations/Corrections needed:

(S) 19a-79-10(c)(2): Under three endorsement - Ratio Program failed to have at least 1 teacher for every 4 children in the infant room when observed 1 teacher and 5 children.

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: 12/14/2021

Signature: [Signature]
(OEC Representative)

Print Name: Stephanie Pia

Signature: [Signature]
(Person in Charge)

Print Name: Swarna Vengalan