

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Curve Date: 1/27/22 Time: 1/27/22

Location Address: 60 Connolly Rkwy Bldg 18 Hamden Telephone #: 203-296-3440

e-mail address: thelearningcenterdaycare@yahoo.com License #: 70477 Expiration Date: 2/28/23

Capacity: 23/8 # of Children Present: 14 # of Staff Present: 3

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>
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Purpose of visit: Follow up to inspection dated 1/27/22

Observations/Corrections needed:

110 upon arrival observed 1 staff with 7 children in the preschool room. Three of ^{JTS} ~~the~~ seven children are under 3 years of age without signed authorization and/or ^{JTS} ~~the~~ do not meet the 32 month age to be in preschool with signed authorization. ratio must be maintained to the youngest child in the group

JTS

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: 2/10/22

Signature: Jennifer Sena
(OEC Representative)

Print Name: Jen Sena

Signature: Nadhe Lindberg
(Person in Charge)

Print Name: Nadhe Lindberg