

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 2/22/22 Time: 11:30 AM

Location Address: 1375 Kings Hwy Fairfield Telephone #: 203 331 8566

e-mail address: fairfield@tlechildcare.com License #: 70632 Expiration Date: 10/31/25

Capacity: 116/56 # of Children Present: 34 # of Staff Present: 11+

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: Self-report case 2022-79

Observations/Corrections needed:

⑤ 19a-79-3a(d)-Administration-Program policies-Staff failed to follow the programs name to face count when they did not count the children after coming in from the playground.

⑤ 19a-79-4a(c)(4)(D)-Staffing-Supervision-Staff failed to supervise a child when they left her on the playground unattended for 3 minutes.

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: 3/8/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Michele Czarnocki