

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 3/4/22 Time: 11:30
AM

Location Address: 1375 King Hwy Fairfield Telephone #: 203 331 8506

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

Capacity: 116/56 # of Children Present: 45 # of Staff Present: 12+

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>
--	--

Purpose of visit: Follow-up case 2022-79

Observations/Corrections needed:

NS 9a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted. No violations at this 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]

(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]

(Person in Charge)

Print Name: Priya Patel