

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center Date: 4.8.22 Time: 9:15

Location Address: 131 Leeder Hill Dr #1, Hamden Telephone #: 475-655-2488

e-mail address: 131 ~~Leeder Hill~~ learning_center@gmail.com License #: pending Expiration Date: _____

proposed Capacity: 116/42 # of Children Present: 0 # of Staff Present: 1

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
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Purpose of visit: Follow-up to initial inspection on 4.6.22

Observations/Corrections needed:

observed all violations cited at initial inspection on 4.6.22
to be corrected and in compliance 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: na

Signature: [Signature]
(OEC Representative)
Print Name: Jan Serra BRIDGET L. HECKILL

Signature: [Signature]
(Person in Charge)
Print Name: Tysbell Gore