

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center Date: 6/2/22 Time: 9:00

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

e-mail address: 131learningcenter@gmail.com License #: 70645 Expiration Date: 4/30/26

Capacity: 116/48 # of Children Present: 24/14 # of Staff Present: 6

**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 _____

Purpose of visit: Follow-up visit for inspection on 5/26/22

Observations/Corrections needed:

(NS) 19a-79-10(c)(3) Under three endorsement, group size -

(NS) 19a-79-10(g)(3) Under three endorsement, sleep arrangements -

(NS) 19a-79-3a(d) Administration, implement policies -

Operator was in compliance with group size/ratio requirements.

Did not observe any children napping/in cribs.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Shayenne Wright
(Person in Charge)

Print Name: Shayenne Wright