☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 6/14/22 Time: 940 am

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

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

Capacity: 132/72 # of Children Present: 65 # of Staff Present: 17

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*** N/A

Purpose of visit: Partial Inspection Case 2022-79

Observations/Corrections needed:

NS 19a-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: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Michele Czarnecki