

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/8/22 Time: 1:40
Location Address: 88 Executive Sq Wethersfield Ct Telephone #: 860-606-3873
e-mail address: wethersfield@techildcare.com License #: 70534 Expiration Date: 1/31/24
Capacity: 119 64 ↓ # of Children Present: 67 40 ↓ # of Staff Present: 15

**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 to inspection conducted on 7/28/22

Observations/Corrections needed:

19a-79-10(c)(2): Ratio Observed 3 under three classrooms
out of ratio during nap. 1 child in each room
was awake (8 to 1 ratio)

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: 8/22/22

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Marisol Rodriguez