

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/11/22 Time: 1:25 pm

Location Address: 88 Executive Sq Wethersfield Ct Telephone #: 860-606-3873
06109

e-mail address: wethersfield@thechildcare.com License #: 70534 Expiration Date: 1/31/24

Capacity: 119 # of Children Present: 72 # of Staff Present: 17

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up on nap ratio.

Observations/Corrections needed:

19a-79-10(c)(2): Under 3 ratio: In compliance at time of 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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dulo

Signature: [Signature]
(Person in Charge)

Print Name: Marisol Rodriguez