

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Barn Date: 10/11/22 Time: 9:00
Location Address: 980 Rubber Ave Naugatuck Telephone #: 203 489-0227
e-mail address: thelearningbarnccc@gmail.com License #: pending Expiration Date: pending
Capacity: 1 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up - Lighting

Observations/Corrections needed:

Lighting in compliance

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: MTA

Signature: [Signature]
(Person in Charge)