

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience - Fairfield Date: 1/12/23 Time: 9:30

Location Address: 1375 Kings Hwy. Fairfield Telephone #: 203 331-8566

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

Capacity: 132/72 # of Children Present: 84 # of Staff Present: 19

**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: Investigation 2023-28 self-report

Observations/Corrections needed:

(S) 19a-79-3a(d)(2) Discipline policy - staff failed to follow program's policy on directing children's behaviors by using positive guidance when she used physical touch while redirecting a toddler.

(NS) 19a-79-4a(a)(3) Documentation of staff training - operator provided evidence of staff being trained on policies.

(NS) 19a-79-3a(d)(8)(c) Discipline of staff - operator provided evidence of following staff discipline policy.

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: 1/26/23

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Sarah Marquis
(Person in Charge)

Print Name: Sarah Marquis