

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Barn CCC Date: 5/9/23 Time: 11:55 AM

Location Address: 980 Rubber Ave Naugoetuck Telephone #: 203 489 0227

e-mail address: thelearningbarnccc@gmail.com License #: 70670 Expiration Date: 10/31/26

Capacity: 76/37 # of Children Present: 28 # of Staff Present: 7

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 <u>N/A</u>
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Purpose of visit: Follow up 2023-323

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - No violations

NS 19a-79-4a(c)(4) - Staffing - ratios - No violations.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Neisa Madina