

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/14/23 Time: 12:15
Location Address: 88 Executive Sq, Weyersfield Telephone #: (860) 785-8889
e-mail address: weyersfield@thechildcare.com License #: 70534 Expiration Date: 1/31/24
Capacity: 119/64 # of Children Present: 56 (25) # of Staff Present: 14

**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 N/A

Purpose of visit: Complaint case 2023-707

Observations/Corrections needed:

- ⑤ 19a-79-5a(a)(1) - Record Keeping - Enrollment information and permission forms not on file for a staff member's child who has been present on at least 1 occasion in the Infant Room and office
- ⑤ 19a-79-5a(a)(2) - Record keeping - ~~Health record not available for staff member's child who has been present on at least 1 occasion.~~ (EW)
- ⑤ 19a-79-3a(c)(1) - Administration - Notification of change - operator ~~failed to notify OEC of new Director and head teacher within 5 business days after the change.~~ (EW) change forms were submitted to Licensing specialist J.D.

⑤ = Substantiated ⑤ 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: 8/28/23

Signature: Erin Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Mary Hernandez
(Person in Charge)

Print Name: MARY HERNANDEZ