

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, Wemersfield Telephone #: (800)785-8889  
e-mail address: wemersfield@thechildcare.com License #: 70534 Expiration Date: 11/31/24  
Capacity: 119/64 # of Children Present: 56(28/3) # of Staff Present: 14

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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 <u>n/a</u>
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Purpose of visit: Self-Report Case 2023-711

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - staffing supervision - staff failed to adequately supervise<sup>when</sup> a child was left alone, unsupervised in the classroom during a fire drill for approximately 1 minute.

⑤ 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: 8/28/2023

Signature: Eunwraight  
(OEC Representative)  
Print Name: Eunwraight  
Signature: Mary Hernandez  
(Person in Charge)  
Print Name: MARY HERNANDEZ