

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/23/23 Time: 3:07

Location Address: 88 Executive Sq Wethersfield Telephone #: 860-785-8889
wethersfield@hechildcare.com

e-mail address: Hechildcare License #: 10534 Expiration Date: 1/31/24

Capacity: 119/124 # of Children Present: 56 (30) # of Staff Present: 14

Consent to Inspect Family Child Care Home	<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> _____ <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up to inspection conducted on 8/14/23

Observations/Corrections needed:

19a-79-4a(c)(4)(D): Supervision. In compliance at time of visit. (New policy was put in place)

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)
Print Name: SWATHA VENKATAM