

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Explorers Learning Center Date: 8/23/23 Time: 2:41

Location Address: 306 Progress Ave. Seymour Telephone #: 203-881-5437

e-mail address: CLC.ExplorersLearningCenter@gmail.com License #: 70494 Expiration Date: 7/31/27

Capacity: 112/48 # of Children Present: 82 # of Staff Present: 17(2)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
 Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up on safe sleep, ratio + group size

Observations/Corrections needed:

In compliance today. 7:2

8:2

6:2

10:2

9:1

17:2

12:2

7:2

6:2

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: Kim Mogan

Signature: [Signature]
(Person in Charge)

Print Name: SHERYL KONNIV