

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Barn Date: 9/6/23 Time: 2:15

Location Address: 980 Rubber Ave. Nagsauan Telephone #: 203-489-0227

e-mail address: Thelearningbarncc@gmail.com License #: 70670 Expiration Date: 10/31/24

Capacity: 70/31 # of Children Present: 39 # of Staff Present: 10(3)

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: partial for case 2023-323

Observations/Corrections needed:

<u>19a-79-4a(c)(4)(D) - Staffing / Supervision</u>	<u>6:1</u>
<u>- in compliance</u>	<u>10:2</u>
	<u>7:2</u>
	<u>7:2</u>
	<u>4:1</u>
<u>19-79-4a(c)(4) - ratio</u>	<u>5:2</u>
<u>- in compliance</u>	

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: Kristin Mager

Signature: [Signature]
(Person in Charge)

Print Name: Neisa Medina