

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11-17-13 Time: 10

Location Address: 88 Executive Sq, Wethersfield Telephone #: 860-785-8889

e-mail address: wethersfield@ttech childcare.com License #: 70534 Expiration Date: 1-31-14

Capacity: 119 # of Children Present: 71 # of Staff Present: 16

<b>Consent to Inspect Family Child Care Home</b>	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 _____
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Purpose of visit: follow up case # 2023-1042

**Observations/Corrections needed:**

S- 19c-78-b(4)(3) - observed 2 lunch boxes with perishable foods not in refrigerator and without an ice pack.

NS- 19c-79.49(c)(4)(i) - observed proper supervision and ratios in all classrooms and outside.

**S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative) Kenn Eddy

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12-1-23

Signature: [Signature]  
(Person in Charge)  
SWAPNA VENKATAM