

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center Date: 5/2/25 Time: 9:15 AM
Location Address: 131 Leeder Hill Dr. #1 Hamden, CT 06517 Telephone #: (703) (475) 655-2488
e-mail address: 131learningcenter@gmail.com License #: 70645 Expiration Date: 4-30-26
Capacity: 116 # of Children Present: 40 # of Staff Present: 9

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* _____

Purpose of visit: Self Reported Incident

Observations/Corrections needed:

S=19a-79-5a(a)(3)(B) Operator did not immediately notify a parent of an enrolled child's injury. Injury took place on 4-16-25 at 1:

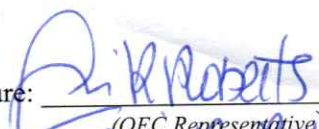
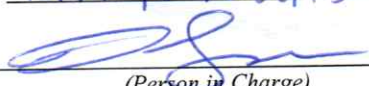
NS=19a-79-5a(a)(3)(A) Injury report completed and in compliance

Program will send video of incident to email provided

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: 5-16-25

Signature: 
(OEC Representative)
Print Name: Terri R Roberts
Signature: 
(Person in Charge)
Print Name: Tyshell Gore