

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/16/21 Time: 10:30 AM

Location Address: 2285 Reservoir Ave Trumbull Telephone #: 203 220 8959

e-mail address: trumbull@thechildcare.com License #: 70558 Expiration Date: 8/31/24

Capacity: 88/48 # of Children Present: 11 # of Staff Present: 14+

Consent to Inspect Family Child Care Home	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 <u>N/A</u>
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Purpose of visit: Complaint Investigation - Case 2021-480

Observations/Corrections needed:

(S) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Two staff observed with their masks pulled below chin and one pre-k classroom with no children wearing masks.

(NS) 19a-79-1a(a)(4) - Health and safety - Menus - per interviews. snacks are prepared according to the posted menu.

(S) 19a-79-4a(c)(4) - Staffing - ratios - observed a group of preschool children on playground with a ratio of 11:1.

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: 8/20/21

Signature: J. Steel
(OEC Representative)

Print Name: Lauren Hull

Signature: Nicole Orfino
(Person in Charge)

Print Name: Nicole Orfino