

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 10/29/21 Time: 2:00
Location Address: 2285 Reservoir Ave Trumbull Telephone #: 203 220-8959
e-mail address: trumbull@tlechildcare.com License #: 70558 Expiration Date: 8/31/24
Capacity: 150/72 # of Children Present: 61 # of Staff Present: 11

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: Investigation 2021-769

Observations/Corrections needed:

PIC: Nicole Orfino

⑤ 19a-79-4a(c)(4)(D) Staffing, supervision at all times - operator failed to ensure supervision at all times when a child was left unattended in a hallway after being left when rest of class went to playground.

⑤ 19a-79-3a(d) Administration, implement policies - operator failed to ensure the head count + face to name policy was followed during transition from classroom to playground.

⑤ 19a-79-5a(a)(1)^(D) Record keeping, enrollment - operator failed to have written permissions for trips, people to pick up, transportation for enrolled child

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: 11/12/2021

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Nicole Orfino
(Person in Charge)

Print Name: Nicole Orfino

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70558 Date: 10/29/21

Observations/Corrections needed:

③ 19a-79-3a - Administration, ensure health + safety of children in care - operator failed to comply with the vaccine requirement in accordance with Governor's executive order when ~~one~~ ^{two} staff members did not have proof of vaccination or proof of weekly testing for COVID-19.

⑤ 19a-79-4a(a)(1) Staffing, medical statement - Operator failed to show proof of a medical form for new hire who started 10/15/21.

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Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nicole Orfino
(Person in Charge)

OEC BY: 11/12/2021

Print Name: Nicole Orfino