

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/17/21 Time: 11:45 am

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

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

Capacity: 150/172 # of Children Present: 61 # of Staff Present: 15+

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
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Purpose of visit: Partial Inspector Case 2021-480

Observations/Corrections needed:

NS 19a-79-4a(c)(4) - Staffing - ratios - walk through conducted. No violations at this time.

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: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Alexis Pakenney