

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience Date: 1/3/22 Time: 11:50

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

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

Capacity: 150/72 # of Children Present: 30/19 # of Staff Present: 8+

**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: Follow-up to investigation 2021-769 on 10/29/21

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision at all times - operator  
was in compliance with supervision at this visit.

(NS) 19a-79-3a(d) Administration, implement policies -  
Operator was in compliance with face to name  
policy as observed with random check.

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/K.

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Alexis Pickering  
(Person in Charge)

Print Name: Alexis Pickering