

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience Date: 3/9/22 Time: 12:40 pm

Location Address: 2255 Reservoir Ave Trumbull CT 06611 Telephone #: (203) 220-8959

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

Capacity: 142 # of Children Present: 65 # 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: Follow Up to 9-28-21 inspection

Observations/Corrections needed:

All violations cited on 9-28-21 visit are in compliance as observed at this visit except:

- 98- Not available for review
- 99- Topical forms missing child's address, site of administration, date range of administration, address of parent, attestation that medication has been administered with no adverse effects
- 140- 4 of 8 bottles not labeled with child's name in infant room

Discussed: Program to submit documentation that playground surface <sup>meets or exceeds</sup> RN log to include observe children's general health and development <sup>requirement</sup>

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: \_\_\_\_\_

Signature: T.R. Roberts  
(OEC Representative)  
 Print Name: TERRI R ROBERTS  
 Signature: Alexis Porening  
(Person in Charge)  
 Print Name: ALEXIS PORENING