

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 5-12-22 Time: 1

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 # of Children Present: 65 # of Staff Present: 15

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up to case # 2022-236

Observations/Corrections needed:

S - 19c.79-3c(9) - the operator did not ensure the health, safety, and development of a child when a child was exhibiting abnormal behavior that resulted in a medical emergency and 911 was not called

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: 5-26-22

Signature: [Signature]
(OEC Representative)

Print Name: Kern Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Alexis Pickering