

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 4-22-24 Time: 9:30

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

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

Capacity: 150 # of Children Present: 58 # of Staff Present: 14

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: Case # 2022-236

Observations/Corrections needed:

P 19a-79-3a (a) - ensure the safety, health and development of the children

P 19a-79-3a (d)(4)(A) - medical emergencies

All regulations pending investigation

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: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Alexis Pickering