

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

SUPPLEMENTAL REPORT OF INSPECTION

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

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: 58 # of Staff Present: 14

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 _____

Purpose of visit: case #2022-250

Observations/Corrections needed:

- P 19a-79-10(c)(2) - ratio
- P 19a-79-10(e) - diapering
- P 19a-79-4a(c)(4)(D) - supervision
- P 19a-79-3a(d)(1) - attendance records
- S 19a-79-5a(a)(2)(E) - care plan not observed for child with egg allergy

P = 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: 5-6-22

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Alexis Pickering