

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/15/23 Time: 1:30

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

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

Capacity: 132/72 # of Children Present: 64/42 # of Staff Present: 12(+4)

**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: Investigation 2023-1076

Observations/Corrections needed:

(NS) 19a-79-49(c)(3) Personal qualities of staff - inconclusive information available to be able to substantiate a regulatory violation.

(S) 19a-79-10(g)(3) Sleep arrangements, soft surfaces/gas trapping objects - staff failed to maintain a safe sleeping environment when a 10 month old was observed sleeping in a crib with a blanket. Also observed another baby sleeping in crib with a bib around his neck.

(S) S = Substantiated (NS) NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Karen Hicks / Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/29/23

Signature: [Signature]
(Person in Charge)