

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/27/23 Time: 10:20

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

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

Capacity: 132/72 # of Children Present: 66 # of Staff Present: 16

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow-up visit for investigation 2023-1076 on 11/15/23

Observations/Corrections needed:

(NS) 19a-79-10(g)(3) Sleep arrangements, soft surfaces - did not observe any babies asleep in cribs at this visit.

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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Alexis Kicking
(Person in Charge)

Print Name: Alexis Kicking