

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: 11/12/24 Time: 4:00
Location Address: 1375 Kings Hwy Fairfield Telephone #: 203 331-8566
e-mail address: fairfield@thechildcare.com License #: 70632 Expiration Date: 10/31/25
Capacity: 128/88 # of Children Present: 103/68 # of Staff Present: 21

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 for investigation 2024-1151

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) Supervision - operator in compliance
at follow-up visit.

(NS) 19a-79-3a(d)(5)(C) Implement program policies - observed
one class transition indoors and follow the name to
face policy.

S = Substantiated 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: N/A

Signature: Michele Czarniecki
(Person in Charge)