2025-263

☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 4/17/25 Time: 9am

Location Address: 2295 Reservoir avenue Trumbull Telephone #: 203-220-8959

e-mail address: trumbull@tlechildcare.com License #: 70558 Expiration Date: 8/31/25

Capacity: 132/72 # of Children Present: 64 # of Staff Present: 15

| | |
|---|---|
| ***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 2025-263 - follow-up

Observations/Corrections needed:

PIC Lexi Pickering - Director (not present) Patricia Herill - Educational Coordinator

NS 19a-79-10(c)(2) - under Three Endorsement - ratio - There was insufficient evidence to support program was not adhering to proper ratios

**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: V Williams
*(OEC Representative)*
Print Name: Valerie Williams

Signature: P
*(Person in Charge)*
Print Name: Patricia Herrill