

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience - Trumbull Date: 5/14/25 Time: 8:45am
Location Address: 2285 Reservoir Ave Trumbull, CT 06611 Telephone #: (203) 220-8959
e-mail address: trumbull@thechildcare.com License #: 70558 Expiration Date: 8.31.28
Capacity: 132 # of Children Present: 50 # of Staff Present: 11

**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: Complaint Investigation

Observations/Corrections needed:

S = 19a-79-4a (d)(1) Program currently does not have a designated head teacher. Since April 18, 2025

S = 19a-79-4a (e)(1) Program currently does not have a designated director since Friday May 9, 2025

NS = 19a-79-4a (d)(3)(A) No evidence to substantiate staff don't have the personal qualities to care for and work with children.

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: 5-28-25

Signature: Terris K Roberts
(OEC Representative)

Print Name: Terris K Roberts

Signature: Patricia Merrill
(Person in Charge)

Print Name: Patricia Merrill