

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	The Learning Experience Trumbull	Date of Inspection:	8.11.25	Time of Arrival:	9:30 am
Address:	2285 Reservoir Ave	License Number:	70558	Expiration Date:	8/31/28
Town:	Trumbull 06611	Telephone Number:	203-220-8959	Summer Care:	open
Operator:	West 84 LLC	# of Staff Present:	13	# over 3 Present:	36
Email:	trumbull@tlechildcare.com	Total Capacity:	150	Total Under 3 capacity:	72
Designated Director:	Jennifer Valle	Hours/Days of Operation:	M-F 6:30 am to 6:30 pm		

Instruction Codes: √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 6.21.24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMLETE/IMPLEMENTED
 - (d)(2)(A) Discipline policy ★
 - (d)(2)(B)(C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy ★
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy ★
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted
 - 10(g)(8) Safe Sleep policy posted (Schls-N/A)

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28.
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- (e)(1)
- (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors
GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising
CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
Consultant agreements-signed annually-agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	exp.	n/a
Health	✓	exp.	n/a
Soc. Serv.	exp.	exp.	
Dietitian	exp.	exp.	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

The Learning Experience

LICENSE NUMBER

10558

DATE OF INSPECTION

8-11-25

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>10-2-25</u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5-10-24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input type="checkbox"/> 69.	<input type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>5/20/22</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N <input type="checkbox"/> Lead Test: Y/N <input type="checkbox"/> Results _____
		Lead Management Plan <u>n/a</u>
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N <input type="checkbox"/> Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input type="checkbox"/> 83.		Staff personal articles inaccessible
<input type="checkbox"/> 84.		AIR TEMPERATURE
	<input type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
		WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
		TELEPHONE/TELEPHONE NUMBERS
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
		LIGHTING
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
	<input checked="" type="checkbox"/> 95.	Garbage/rubbish-disposed of daily, containers in good repair
	<input checked="" type="checkbox"/> 96.	Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> 97.	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> 98.	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> 99.	Measures to prevent vermin
	<input checked="" type="checkbox"/> 100.	Radon test- Results: <u>1-23-20</u> (Schls-N/A)
	<input checked="" type="checkbox"/> 101.	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> 102.	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> 103.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> 104.	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

The Learning Experience

LICENSE NUMBER

70558

DATE OF INSPECTION

8-11-25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCED
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
 - (i) Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
 - (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y N

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail

- 128.
 - (e)(2)
 - (e)(3)
 - (e)(4)
 - (e)(5)
 - (e)(6-9)
 - (e)(7)
 - (e)(8)
 - (e)(10)(A-C)
- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131.
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
 - (j)
 - (k)(1)
 - (k)(2)
 - (k)(3)
 - (k)(4)
 - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

- DIAPERING cont.
 - Diaper area: used only for this purpose, located in the program area
 - Diaper area: non-porous surface/good repair
 - Diaper area: washed/disinfected after use
 - Diaper area: disposable paper sheets
 - Covered waste receptacle-removed daily
 - Handwashing-staff/children
 - Diapering-Handwashing policies-posted/followed
 - Cloth diapers-written plan developed
- LINENS/CLOTHING
 - Linens/emergency clothing available
 - Linens washed weekly or as needed
 - Linens/clothing stored individually
 - Cribs/cots cleaned-linens changed when shared
- SAFE SLEEP
 - Under 12 mths placed on back for sleeping
 - Crib-snug fitting mattress/tightly fitted sheet
 - Alternate sleep position/equipment-medical documentation for medical reason on file
 - Infants allowed to adopt other sleep positions
 - No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 - No unapproved sleeping-car seats/swings/beds, etc.
 - No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - Observe/assess infants at least every 15 minutes
 - Teething necklaces/bracelets, jewelry inaccessible
 - Safe sleep policies - parents informed
- TOYS AND OTHER OBJECTS
 - Infant toys-separate/washed/sanitized daily
 - Toddler toys-washed/sanitized weekly
 - No toys/objects less than 1 1/4" diameter
 - Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 - Health consultant visits/documentation
- FEEDING
 - Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - Written feeding schedule from parent-updated
 - Unused formula/milk discarded after feedings
 - Clean bottles/disposable bottles/appvd washing
 - Baby food served from dish or whole jar
 - Bottles labeled with child's name
 - Outdoor spaced fenced-4 ft (lic. after 1/1/25)
- Outdoor equipment-developmentally appropriate for ages of the children
- Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 Y N

- 140. (b) Approved Schl Age Endorsement
- 141. SCHEDULE - ACTIVITIES
 - (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) Activities not a duplication of child's day
 - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	The Learning Experience	LICENSE NUMBER	70558	DATE OF INSPECTION	8.11.25
--------------	-------------------------	----------------	-------	--------------------	---------

SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13	Y/N	(N)
----------------------------------	----------------------------------	-----	-----

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents	<input type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A)	<u>STAFF TRAINING</u> Staff training – first aid
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child’s day		<input type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children		<input type="checkbox"/> (i)-(iii)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events		<input type="checkbox"/> (b)(2)	Written documentation of training
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15	<input type="checkbox"/> 173.	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30	<input type="checkbox"/> 174.	<input type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 175.	<input type="checkbox"/> (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 176.	<input type="checkbox"/> (d)(2)	Equipment labeled and inaccessible
			<input type="checkbox"/> 177.	<input type="checkbox"/> (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded

ADMINISTRATION OF MEDICATIONS 19a-79-9a	Y/N	(Y)			
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<input type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input type="checkbox"/> 159.	<input type="checkbox"/> (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u> Admin/Parent permission/report errors	<input type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	<input type="checkbox"/> (a)(3)(A-B)	Labeling and Storage			
	<input type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			
<input type="checkbox"/> 160.	<input type="checkbox"/> (b)(1)(A/C)	<u>MEDICATION TRAINING</u> Medication training-general-oral/top/inhalant			
	<input type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication			
	<input type="checkbox"/> (b)(1)(E)	Rectal medication			
	<input type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector			
	<input type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates			
	<input type="checkbox"/> (b)(2)(C)	Training outline on file			
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)			

ADDITIONAL VIOLATION		
<input type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS		
<p>* items new regulations</p> <p>- Administrative oversight policy to be posted.</p> <p>- policies to be updated to reflect new regulations.</p> <p>- Need two samples for lead water test.</p>		

Signature of OEC staff	Betty mayer	Signature of person in charge	Jennifer Valle
Printed Name	Betty Mayer	Printed Name	Jennifer Valle

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: 8.25.25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
---	--	--	--

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70558 Date: 8-11-25Observations/Corrections needed: Program not in compliance when...

- #5 Annual policy training not complete for 6 staff.
- #19 Three staff physicals not observed. one expired.
- #33 (h)(1) Health and safety training not complete for five staff.
- #35 (i)(i)(2)(A-H)(F) Dietician and social service consultant logs and contracts expired. Education consultant contract missing all required services.
- #38 Five children's health records expired.
- #39 Five children enrolled during 24-25 flu season missing documentation of flu vaccine.
- #40 care plans for children with medication not observed or missing staff signatures.
- #42 Fire marshal certificate expired.
- #66 Observed unclean refrigerators and microwaves in TDDC, TDD B, TDDA and Twaddler A.
- #69 Lead water test expired.
- #84 (c)(1) thermometers not affixed to wall in any classrooms. two
- #130 (g)(1) Observed ^{two} infants sleep in cribs with loose crib sheets (g)(8) safe sleep policy posted in infant room incomplete.
- #159 Observed six diaper creams unlabeled and three without parent permission.

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: Betty mayer
(OEC Representative)Print Name: Betty mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/25/25Signature: Jennifer Valle
(Person in Charge)Print Name: Jennifer Valle

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70558 Date: 8.11.25

Observations/Corrections needed:

#100 (b)(1)(A)(C) (b)(1)(D) oral, topical, inhalent and injectable medication training for staff not observed. Children with medications enrolled in program.

#101 Observed two medication authorizations for children with medication expired. TWO medication authorizations for child with AuviQ and Benadryl missing parent signature.

#106 Observed expired tylenol and expired prescription Ondansetron on site.

#21 Two staff without completed background check in BCIS observed to be working.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jennifer Valle
(Person in Charge)

OEC BY: 8.25.25

Print Name: Jennifer Valle