

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

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 9/10/25 Time: 10:30 am

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

e-mail address: trumbull@tlechildcare.com License #: 70558 Expiration Date: 8-31-28

Capacity: 150/72 # of Children Present: 59/26 # of Staff Present: 11

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 <u>n/a</u>
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Purpose of visit: Follow up to 8-11-25 inspection

Observations/Corrections needed:

#5 Annual Policy review: VOK

#19 Staff physicals: VOK

#33(h)(1) Health & safety training: two staff missing training.

#35(i)(i)(2)(A-H)(F) consultant contracts: dietician and education consultant contracts not current.

#38 children's Health records: one child's physical expired.

#39 Flu vaccine: VOK

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: 9/24/25

Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: Jennifer Valle
(Person in Charge)

Print Name: Jennifer Valle

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70558 Date: 9.10.25

Observations/Corrections needed:

#40 care plans: VOK

#62 Fire marshal certificate: VOK 5.22.25

#66 License premise: VOK

#69 Lead H2O test: VOK

#84(e)(1) Thermometers affixed: VOK

#130 safe sleep: VOK

#159 Non prescription topicals: VOK

#160(b)(1)(A)(C)(b)(1)(D) Medication training: medication training for staff not observed.

#161 Medication authorizations: VOK

#166 Expired medication: VOK

#21 Background checks: VOK

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(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.24.25

Signature: 
(Person in Charge)
Print Name: Jennifer Valle