

Date of Inspection: 4/28/25  
Time of Inspection: 11:00  
Type of Inspection: ☐ Annual ☒ Complaint  
☐ Follow Up (Original Inspection)  
Date:     /     /      
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Date: 4/28/25

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR The Learning ExperiencePERMIT # 26179

| Deficiency Cited   | Corrective Action Needed   | Expected Date of Correction                  |
|--|--|--|
| 2 new staff working without proof that they are free of TB | Employees must present proof that they are free from TB to the Director. The | Close of Day of receipt of deficiency letter |
|  | Director shall then provide this proof to the Specialist.                    |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

Licensing Specialist Susan R. Beattie Date 5-1-2025