

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 9.23.21 Time: 9:16 am

Location Address: 421 Atlantic St Stamford Telephone #: 203 595-5271

e-mail address: Stamford@tleechildcare.com License #: 70585 Expiration Date: 11-30-24

Capacity: 107/56 # of Children Present: 53 # of Staff Present: 16

**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: Partial inspection to 6/18/21 inspection (Safe Sleep)

Observations/Corrections needed:

130 - OK at inspection

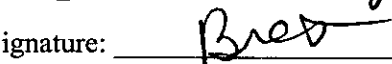
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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: 
(OEC Representative)

Print Name: Edn Mangano

Signature: 
(Person in Charge)

Print Name: Brandi Robinson