

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 12/15/21 Time: 9:50

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

e-mail address: stamford@tlechildcare.com License #: 70585 Expiration Date: 11/30/24

Capacity: 115/64 # of Children Present: 57 # of Staff Present: 17+

**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: Follow up for investigation 2021-829 visit on 11/19/21

Observations/Corrections needed:

(NS) 19a-79-10(c)(3) Under three endorsement, group size

(NS) 19a-79-10(c)(2) Under three endorsement, ratio

(NS) 19a-79-4a(c)(4)(A) Staffing, ratio

Ratios and group size were in compliance at this visit.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Brandon Robinson
(Person in Charge)

Print Name: Brandon Robinson