

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 3/7/22 Time: 12:10

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: 63 # of Staff Present: 18

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Partial inspection - related to case 2021-829

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4) Staffing, ratios

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

Operator was in compliance with ratios at time of 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: Broner R
(Person in Charge)
Print Name: Broner R