

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience Date: 8/16/22 Time: 12:10 pm  
Location Address: 421 Atlantic Street Stamford, CT 06901 Telephone #: (203) 545-5271  
e-mail address: stamford@thechildcare.com License #: 70585 Expiration Date: 11-30-24  
Capacity: 135 # of Children Present: 72 # of Staff Present: 16

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

- S= 19a-79-10 (c)(2) Observed 1:6
- S= 19a-79-3a(d)(5)(B) Ratio policy not implemented as observed 7:6
- S= 19a-79-5(a)(3)(A) Program did not complete illness reports for 2 children
- S= 19a-79-6a(b)(2) Children are not isolated with supervision when showing signs of contagious illness and 1 parent/adult was not called immediately when child exhibited signs and symptoms of contagious illness.
- S= 19a-79-3a(d)(7)(B) illness policy not implemented as children are not isolated from other children and must be picked up within 1 hour and illness form not completed
- S= 19a-79-3a(a) Program not ensuring health and safety of children in care when children aren't isolated with supervision and aren't picked up called  
Dismissed: Naptime ratio requirements ~~to~~ immediately.

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: 8/30/22

Signature: Terrri K Roberts  
(OEC Representative)  
Print Name: Terrri K Roberts  
Signature: Brandi Robinson  
(Person in Charge)  
Print Name: Brandi Robinson