

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 9/9/22 Time: 10:00

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

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

Capacity: 135/64 # of Children Present: 72 # of Staff Present: 19†

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: Investigation 2022-724 - self-report

Observations/Corrections needed:

(S) 19a-79-3a(b)(8)(A) - Administration, manage child behaviors -
Staff member failed to manage child behaviors in a developmentally appropriate way when staff person used a yelling tone and moved child in an aggressive manner.

(S) 19a-79-10(j) Under 3 endorsement, infants held for bottle feedings - operator failed to have staff hold infants under a year for bottle feedings. Two infants in one classroom and one infant in another classroom were observed in high chairs drinking formula from bottles. One staff was holding one infant's bottle while infant sat in chair.

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: 9/23/22

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Brandi Park
(Person in Charge)

Print Name: Brandi Robinson