

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 10-24-22 Time: 9:20 am

Location Address: 421 Atlantic St Stamford Telephone #: 2035455271

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

Capacity: 135/104 # of Children Present: 69 # of Staff Present: 21

**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: Self reported incident 2022-850

#### Observations/Corrections needed:

- (S) 19a-79-3a(b)(8)(A)-Administration- staff failed to manage child <sup>behaviors</sup> ~~behavior~~ when it was observed on video by owner that staff handled children aggressively and in an inappropriate manner. When she used excessive force when she tried to get 3 children to remain on their cots and <sup>used</sup> ~~using~~ inappropriate language. (Lm)
- (NS) 19a-79-3a(a)-Administration- operator ensured health and safety of children when operator followed protocol when staff member became uncontrollable.
- (S) 19a-79-4a(c)(3)(A)-<sup>(B)</sup> Staffing- Staff failed to have personal qualities to work with children and relate to adults when she acted erratically when asked to leave the program.
- (S) 19a-79-4a(a)(1)- operator could not locate medical clearance for staff member. Physical was not on file.

#### Other violations


19a-79-4a(b)- 4 staff are working with children without background checks.

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: 11-7-22

Signature:   
(OEC Representative)  
Print Name: Lun Mangano

Signature:   
(Person in Charge)  
Print Name: Maria Frasca George

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 10.24.22

Observations/Corrections needed:

Continued-


19a-79-10(c)(2) - Ratio - 1 teacher observed with 5 children in Twaddler room.

19a-79-10(j) - Bottle feeding - 1 <sup>(11 months)</sup> infant not held for bottle feeding in infant room.


Infant observed in high chair holding her bottle for feeding.

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Signature:  \_\_\_\_\_  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:  \_\_\_\_\_  
(Person in Charge)

OEC BY: 11/7/22