

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience      Date: 11.1.22      Time: 1136pm

Location Address: 421 Atlantic St      Stamford      Telephone #: 203.595.5271

e-mail address: Stamford@thechildcare.com      License #: 70585      Expiration Date: 11.30.24

Capacity: 135/64      # of Children Present: 80      # of Staff Present: 21

<b>Consent to Inspect Family Child Care Home</b>	<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>
--	---

Purpose of visit: Follow Up to 2022-850 incident

Observations Corrections needed:


19a-79-10(c)(2) Ratio - 1 teacher observed with 5 children in infant room. Last child was dropped off at 857am.

S = Substantiated      NS = Not Substantiated      P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.15.22

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