☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 10-8-22 Time: 1255

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: 78 # of Staff Present: 20

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: 2nd Follow Up to 2022-850 incident (Ratio)

Observations/Corrections needed:

19a-79-10(c)(2) Ratio- Observed 1 to 7 ratio in Twaddler B room. 2 children were awake on cots. Staff failed to maintain proper ratios in under 3s room.

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: 11.22.22

Signature: _____ *(OEC Representative)*

Print Name: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Maria Rosa George