

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience      Date: 11-21-22      Time: 1245

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

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

Capacity: 139/144      # of Children Present: 51      # of Staff Present: 16

<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>
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Purpose of visit: 3rd Follow Up inspection to 2022-850 incident (ratio)

Observations/Corrections needed:

19a-79-10(c)(2) Ratio - OK at inspection

**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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Lou Mangano

Signature: [Signature]  
(Person in Charge)  
Print Name: Maria Fraca Gargle