

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience Date: 1.12.23 Time: 9:21am

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

e-mail address: Stamford@tledchildcare.com License #: 70985 Expiration Date: 11.30.24

Capacity: 135/164 # of Children Present: 74 # of Staff Present: 26

<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: Partial inspection to 2022-850 case (ratio)

Observations/Corrections needed:

19a-79-10(c)(2) Ratio - observed 1 staff with 5 children under 3 in Prepper A room. provider failed to maintain 1 to 4 ratio when 1 staff had left the room to use the restroom and did not notify office staff to provide coverage.

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: 1.26.23

Signature: [Signature]  
(OEC Representative)  
Print Name: Lon Mangano  
Signature: [Signature]  
(Person in Charge)  
Print Name: Maria Trase George