

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>The Learning Experience</u>	License Number: <u>70585</u>	Date of Inspection: <u>3/6/23</u>	Time of Arrival: <u>9:23</u>
Address: <u>421 Atlantic St</u>	Expiration Date: <u>11/30/24</u>	Licensed Capacity: <u>135</u>	Under 3 Capacity: <u>64</u>
Town: <u>Stamford</u>	Telephone: <u>203-545-5271</u>	# of children present: <u>63</u>	# of staff present: <u>22</u>
Operator: <u>Read 2 Learn Stamford, LLC</u>	Director: <u>Olona Lanture</u>	Head Teacher: <u>-</u>	
Email: <u>stamford@t2lchildcare.com</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>6:30am-6:30pm M-F</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Agers Served: <u>6 weeks - 8 years</u>	Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

**Licensure Procedures 19a-79-2a**

- 1. Local Health Date: 3/31/22
- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: 3/24/22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11/16/20 Results: 0.5
- 15a. Developmental Milestones

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

- 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietitian	<u>exp: 7/31/24</u>	<input type="checkbox"/>

- 27. Logs/Visits Documented

**Swimming: (Y/N)**

- 28. Non-Swimmers Identified

**Swimming cont.**

- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public Well
- 49. Lead Water Test Date: 6-19-20  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <u>[Signature]</u>	Written Corrective Action Plan Due to OEC by: <u>3/2023</u>	Signature of Person in Charge: <u>[Signature]</u>
Print name: <u>Lorimangano K. Hicks</u>		Print name: <u>Paige Wagner</u>

**CHILD CARE CENTER/GROUP INSPECTION FORM**

<p><b>Program Name:</b> <i>The Learning Experience</i></p>	<p><b>License Number:</b> <i>70585</i></p>	<p><b>Date of Inspection:</b> <i>3.6.23</i></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> <p><b>Emergency Distribution of Potassium Iodide</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</li> </ul>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 148. Approved Endorsement</li> <li><input type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input type="checkbox"/> 150. Staff Awake/Available</li> <li><input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>no one currently enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>[Signature]</i> Print Name: <i>Lori Mangano</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>3.20.23</i></p>	<p><b>Signature of Person in Charge</b> <i>[Signature]</i> Print Name: <i>Paige Wagner</i></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 3.16.23

Observations/Corrections needed:

- 13. Not all emergency plans posted (Medical, fire and weather)
- 15. Radon test not posted
- 16. 1 staff without Adult medical and tb test and another staff with incomplete medical clearance (#1 left blank)
- 17. 1 staff without professional development documentation and no documentation of new employee orientation and another staff missing documentation of new employee orientation training
- 18b. 3 staff without complete background checks with OEC and working with children.
- 19. program does not have a head teacher and interim plan not submitted to OEC.
- 26. Dietician contract expired 7.31.21
- 27. No documentation of any consultant completing all annual reviews. Health consultant missing documentation of plan and education program reviews.
- 37. 4 children without flu vaccine on file and 1 with only 1 dose. 2 children without TB assessment and 1 without immunizations on file.
- 38. Multiple individual care plans not signed by all staff responsible for child's care through out program
- 44. Indoor and outdoor first aid kit does not include all required supplies.
- 45. Twaddler A - drying rack stored on table in bathroom and poses hazard / Twaddler B - drying rack stored on shelving unit, Phone cords hanging low throughout.
- 49 Lead water test expired 6.19.22 (send copy)
- 60 Powerstrip with 4 additional outlets not protected in RS2
- 76. Potentially hazardous substances not locked - multiple rooms with air spray fresheners

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 32023

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 3/6/2023

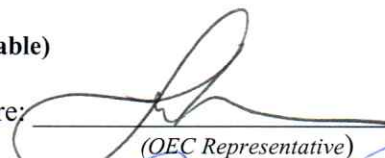
## Observations/Corrections needed:

- 16 continued- PS1 had Borax and contact lense solution not locked. Twaddler B- Goo bone not locked
16. Diaper policy not followed when used changing paper was left on changing table in Twaddler C.
99. Diaper cream authorization forms (TLE) are not state compliant throughout. Several state compliant forms expired.
100. Sunblock and diaper cream ointments are stored accessible to children in multiple rooms. (Twaddler C, Prepper B) (Preschool 2) and multiple diaper Creams not labeled throughout.
- 101- Medication trained staff do not cover all operating program hours and multiple children require medications.
111. Observed 9 children under 3 in playground
112. Observed 9 children under 3 in playground without barrier
113. Twaddler C- observed red toy in handwashing sink.
- 123- Diaper policy in room Toddler A does not include child handwashing before diaper change
- 130- 1 infant in crib with loose sheet. Sheet not fitted snug.
132. Objects less than 1/4" diameter observed accessible to children. Twaddler C- <sup>plastic</sup> bears and cubes  
Prepper B- cubes
- 133- Styrofoam objects and plastic bags accessible to children - Toddler A- foam blocks - <sup>(lm)</sup> Twaddler B- foam mats - Toddler C- foam blocks / Twaddler A- bubble wrap and plastic bags and small foam pieces
134. Health consultant not visiting weekly since January 2023 (visits 1/18, 1/30, 2/18, 3/3)
140. bottles not labeled - Infant 4 bottles Infant B- 2 bottles

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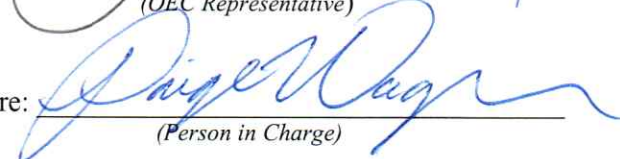
Signature:



K. Spills  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:



Paige Wagner  
(Person in Charge)

OEC BY: 3-20-23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 3.6.23

Observations/Corrections needed:

19a-79-4a(c)(4)(D) - Staff not supervising children when in Toddler A a teacher was changing a child's diaper and could not visually supervise the other 3 children in the room. and in room Twaddler C when teacher was logging something in a book on changing table in bathroom and was not supervising the children in the classroom.

19a-79-3a(a) - Program is not ensuring the health and safety of children when so many staff were unaware of children with asthma and food allergies. 1 teacher in room Twaddler did not know she had medication in room for a child.

DISCUSSION

- Staff freezer soiled
- Dusty vents in multiple child bathrooms
- Postings need to remain on posting wall
- diaper changing tables and supervision when 1 teacher is in the room.
- clean debris (water bottles, cigarette butts) from playground before children enter.
- Use regulations for first aid kit list of supplies.
- Group size and playground schedules.
- Add staff to BCIS roster

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Signature: [Signature] R. Hicks  
(OEC Representative)  
Print Name: Luki Mangano K. Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3.20.23

Signature: [Signature]  
(Person in Charge)  
Print Name: Paige Wagner