

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 3-24-23 Time: 1200

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

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

Capacity: 135/64 # of Children Present: 73 # 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: Follow Up to 3-6-23 inspection (Group Size, supervision, safe sleep)

Observations/Corrections needed:

- 111-Group Size - Compliant today
  - 112-Physical Barriers - Compliant today
  - 130. Crib/Bed free from observable hazards - compliant today
  - 19a-79-4a(c)(4)(D)-Supervision - Compliant today
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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] K. Hicks  
(OEC Representative)  
Print Name: Len Mangano Karen Hicks  
Signature: [Signature]  
(Person in Charge)  
Print Name: Cartha Virgo