

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 3/24/23 Time: 12:00

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

e-mail address: stamford@tlechildcare.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: Consent order monitoring - visit #1

Observations/Corrections needed:

- (S) Condition 8a - Operator provided documentation of the classroom observations conducted. 7 of 12 classrooms did not have documentation of weekly visits/observations. Operator stated they were not conducted consistently in late Feb/early Mar.
- (NS) Condition 8b - Operator has a system for documentation of classroom observations.
- (S) Condition 9a - Current agreement with educational consultant does not include consent order added requirements.
- (NS) Condition 9b - Evidence of ed. consultant ~~visit~~ ^{training} observed. All but 2 staff have completed training. Program has until 4/22/23 to be in full compliance. Evidence of ed consultant observations/visit observed.
- (NS) Condition 9c - Documentation of ed. consultant observations and recommendations observed.

(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: 4/7/2023

Signature: Karen Hicks Lori Mangano
(OEC Representative)
Print Name: Karen Hicks Lori Mangano
Signature: Paige Wagner
(Person in Charge)
Print Name: Paige Wagner

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 3/24/23
stamford

Observations/Corrections needed:

(NS) Condition 9d - Observed that operator implemented the recommendation of ed. consultant that were due as of this date.

(NS) Condition 9e - Documentation of training + observations were observed. Did not observe documentation of implementation. Due this week.

(NS) Condition 10 - Observed documentation of director present for ed. consultant visit.

(S) Condition 11a - Health consultant agreement/contract does not include the additional requirements of consent order.

(NS) Condition 11b - Training conducted by health consultant on 3/22/23

(NS) Condition 11c - not observed - no new staff

(NS) Condition 11d - sign-in sheets for training observed.

(S) Condition 12 - Unable to confirm that both consultants received copy of consent order with draft statement of charges

(NS) Condition 13a - this item is due by 4/22/23. The process has started. Observed some training certificates.

(NS) Condition 13b - documentation of training for some observed.

(NS) Condition 14 - civil penalty of \$250. received on 2/24/23

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Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks Lori Manzano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Darig Wagner
(Person in Charge)
Print Name: Darig Wagner

OEC BY: 4/7/2023