

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 5/15/23 Time: 7:45

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

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

Capacity: 135/64 # of Children Present: 81 # of Staff Present: 18

**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: Investigation 2023-410

Observations/Corrections needed:

- ⑤ 19a-79-3a(e)(2) Fire marshal cert. - fire marshal certificate posted on parent board is expired as of March 24, 2023
- ① 19a-79-4a(c)(4)(A) and/or 19a-79-10(c)(2) Ratios
- ① 19a-79-4a(c)(5)(A) and/or 19a-79-10(c)(3) Group size
- ③ 19a-79-3a(d)(8) Personnel policies - staff failed to follow program's policy that prohibits cell phone use in classroom when a staff person was observed to be on cell phone while in classroom with children.

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: 5/29/2023

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Paige Wagner
(Person in Charge)

Print Name: Paige Wagner