

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11/6/23 Time: 9:30

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: 71/50 # of Staff Present: 22

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home 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:

(NS) Condition 8 - operator provided evidence of weekly classroom observations. Documentation on file.

(NS) Condition 9a-e - Operator provided evidence of the educational consultant agreement, monthly observations + documentation of visits.

(S) Condition 9f - Did not observe documentation that program implemented ed. consultant recommendations.

(NS) Condition 10a - Director states she was present at ed. consultant visits

(S) Condition 10b - Did not observe documentation of director being present at 10/2/23 visit.

(NS) Condition 11a-b - Operator provided evidence of new staff trained on caring for children w/ documentation on file.

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: K. Hicks
(OEC Representative) Kerimangano
Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/20/23

Signature: Tarika Virgo-Francis
(Person in Charge)

Tarika Virgo-Francis

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # 70585 Date: 11/6/23

Observations/Corrections needed:

- (NS) Condition 12a - Health consultant reviewed policies for administration of medication and individual care plans.
- (S) Condition 12b+c - operator has not yet completed the implementation of changes in policy or trained all staff on those changes.
- (NS) Condition 12d-e - reviewed those requirements of the consent order.
- (NS) Condition 13a-f - operator provided evidence of contracted ed. consultant to review policies. + creating policy on administrative oversight. Evidence of administrative audit observed + documented.
- (NS) Condition 14a-b - Consultants documented receipt of consent order.

(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)
Print Name: Karen Hicks Konmangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/20/23

Signature: [Signature]
(Person in Charge)
Print Name: Cerile Virgo-Francois