

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: 2/1/24 Time: 1:00
Location Address: 421 Atlantic St. Stamford Telephone #: 203 595-5271
e-mail address: stamford@thechildcare.com License #: 70585 Expiration Date: 11/30/24
Capacity: 123/72 # of Children Present: 80 # of Staff Present: 19

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 #2

Observations/Corrections needed:

- NS Condition 8a-b, - Observed in person observations of classrooms on a weekly basis
- NS Condition 9a-9f - Observed evidence of educational consultant conducting monthly audits and recommendations being implemented.
- NS Condition 10 a-b - ed consultant visits are documented and on file.
- NS Condition 11a-b - no new hires in last quarter. Operator aware of requirement of staff training.
- NS Condition 12a-e - Observed evidence of health consultant having reviewed + edited policies related to med.admin. + plans of care. Update policies are part of annual policy review + orientation.

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: Karen Hicks (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A Signature: Clarida Virgo (Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience - Stamford License # 70585 Date: 2/1/24

Observations/Corrections needed:

- NS Condition 13a-c - operator provided evidence of conducting administrative audits at least quarterly.
- NS Condition 14a-b - evidence that consultants received copies of the 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: Karen Hicks Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: N/A.

Terida Virgo