



DIVISION OF LICENSING
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**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	THE LEARNING EXPERIENCE - STAMFORD				License Number	DCCC.70585	Date of Inspection	10/04/2024
					Expiration Date	11/30/2024	Time of Inspection	09:02 AM
Address	421 ATLANTIC ST STAMFORD CT 06901-3513				Telephone	(203) 595-5271	Total Capacity	123
					Days and Hours	6:30-6:30 M-F SEPT TO AUG	Under Three Capacity	72
#Children Present	48	# Under 3 Present	32	# Staff Present	16	Summer Care	Open	
Purpose of Investigation	Follow-up 2024-925				Name of Inspector	Karen Hicks		
Program's Email	stamford@tlechildcare.com				Inspector's Email	karen.hicks@ct.gov		

SUBSTANTIATED VIOLATIONS OF REGULATIONS

VIOLATION	Statute - Regulation [-]	Description: 000 No Violations
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No violations were cited during this inspection

VIOLATION	Statute - Regulation	Description:
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VIOLATION	Statute - Regulation	Description:
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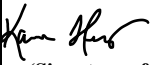


VIOLATION	Statute - Regulation	Description:
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VIOLATION	Statute - Regulation	Description:
VIOLATION	Statute - Regulation	Description:
NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS		
STATUS: Not Substantiated	Statute - Regulation [19a-79-10(c)(3)]	Description: 111-Under Three Endorsement: Group Size no Larger than 8
Classes were observed to be in compliance at time of visit.		
STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:

STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

NOTE: Only the regulations marked as pending, substantiated or non-substantiated were monitored or discussed.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Karen Hicks (Printed Name)	Carlos Albizu (Printed Name)		Alliyah Trimm Lewis (Printed Name)