

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 12/13/24 Time: 12:15

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

e-mail address: stamford@Hechildcare.com License #: 70585 Expiration Date: 11/30/28

Capacity: 123/72 # of Children Present: 81/51 # 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: CO Monitoring visit #1

Observations/Corrections needed:

(NS) Condition 8a-d - Operator contacted CQIS and work has commenced. New procedures being implemented. Discussed putting new processes into formalized ^{written} procedure to ensure any new staff/admin continue to implement the process.

(NS) Condition 9a-9g - CQIS conducting weekly observations and documentation is on file. Attendance of owner is noted on each visit summary.

(NS) Condition 10 - Applies to program after first year of CO.

(NS) Condition 11a-b - Observed documentation for newly hired staff completing required training.

(NS) Condition 12 - BCIS compliance was reviewed.

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: N/A

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Allych Tramm Lewis
(Person in Charge)

Print Name: Allych Tramm Lewis