

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience - Stamford Date: 1/7/25 Time: 9:30am

Location Address: 421 Atlantic St. Stamford, CT 06901 Telephone #: (203) 595-5271

e-mail address: stamford@thechildcare.com License #: 70585 Expiration Date: 11.30.28

Capacity: 123 # of Children Present: 71 # of Staff Present: 21

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
--	---

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

S= 19a-79-5a (a)(3)(B) - Program did not immediately notify the parent when a child had an injury while in the care of the child care center. Parent noticed it at pick up and asked what happened.

NS= 19a-79-3a (d)(5)(c) Indoor/Outdoor Supervision - no evidence to substantiate program did not properly supervise child who was injured.

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: 1.21.25

Signature: [Signature]  
(OEC Representative)  
Print Name: Jeri K Roberts  
Signature: [Signature]  
(Person in Charge)  
Print Name: Alliyah Tamm Lewis