☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience - Stamford Date: 2/7/25 Time: 1143

Location Address: 421 Atlantic St Telephone #: 203595.5271

e-mail address: Stamford@tlechildcare.com License #: 70585 Expiration Date: 11.30.28

Capacity: 123/72 # of Children Present: 80/50 # of Staff Present: 20

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: Partial Inspection - Monitor Interim plan for Head Teacher

Observations/Corrections needed:

Interim plan for Head teacher in compliance today.

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: [signature] Cathy Cerus
(OEC Representative)
Print Name: Lon Mangano Cathy Andersen

Signature: [signature]
(Person in Charge)
Print Name: Alluyah Tamm Lewis