

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience-Stamford   Date: 6/27/25   Time: 10:55am  
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: 78   # 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: Complaint Investigation Case 2025-396

Observations/Corrections needed:

S- 19a-79-6a (a)(1) observed freezer temperature at 50°F and 49°F

~~S- 19a-79-7a (d)(9) electrical outlets in kitchen are not in compliance with state codes. Chef unable to use more than 1 outlet without shorting them out. (TR)~~

Program to send documentation that all outlets in kitchen are operational + more than 1 can be used at same time  
Investigation to continue  
Chef placed to Stamford local health

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: 7.11.25

Signature: \_\_\_\_\_  
(OEC Representative)  
Print Name: Jim Roberts  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Emily Dutcher