

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other Co Monitoring #2

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience Date: 7/7/25 Time: 10:53

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

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

Capacity: 123/72 # of Children Present: 74/46 # of Staff Present: 17+

**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: Consent order monitoring visit #2

**Observations/Corrections needed:**

- (NS) Condition 8a - CQIS assistance obtained.
- (NS) Condition 8b - Observed required policies and procedures. Observed documentation of monthly administrative on-site audits.
- (NS) Condition 8c+d - Policies written and evidence of implementation observed.
- (NS) Condition 9a - CQIS assistance obtained
- (NS) Condition 9b+c - Evidence of weekly visits for 6 month period observed.
- (NS) Condition 9d - Evidence of required attendance observed
- (NS) Condition 9e+f - Operator states understanding that recommendations are to be implemented through 9/10/26
- (NS) Condition 10a+b - <sup>classroom</sup> Observations + documentation of observations observed.
- (NS) Condition 11a+b - Observed evidence of new staff receiving health + safety training that includes required subject matter.
- (NS) Condition 12 - Observed that all staff present are current in BCIS

Noted that freezer was at 44° during walkthrough. Program cited on 6/27/25 and has time to get an acceptable correction to the agency.

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: Alliyah Trimmer Lewis  
(Person in Charge)

Print Name: Alliyah Trimmer Lewis