

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 5-17-22 Time: 9:30  
Location Address: 88 Executive Sq., Wethersfield Telephone #: 800-785-8889  
e-mail address: wethersfield@tlechildcare.com License #: 70534 Expiration Date: 1-31-24  
Capacity: 119 # of Children Present: 75 # of Staff Present: 15

**Consent to Inspect** *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.*  
**Family Child Care Home** *Provider/Applicant/Substitute's Signature*

Purpose of visit: Case # 2022-320

Observations/Corrections needed:

S 19a-79.3a(b)(8)(A). staff did not manage child behavior using techniques based on developmentally appropriate practices when a staff lifted a child by one arm. The staff also used her foot to move a child.

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: 5-31-22

Signature: [Signature]  
*(OEC Representative)*  
Print Name: Kevin Eddy  
Signature: [Signature]  
*(Person in Charge)*  
Print Name: Marisol Rodriguez