

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 11-6-23 Time: 10  
Location Address: 88 Executive Sq., Wethersfield Telephone #: 860-785-8889  
e-mail address: wethersfield@techchildcare.com License #: 70534 Expiration Date: 1-31-24  
Capacity: 119 # of Children Present: 64 # of Staff Present: 14

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: case # 2023-1042

Observations/Corrections needed:

S- 19a.79.45 (c)(4)(D) - supervision - A staff member was observed sleeping during nap time leaving the class unsupervised.

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: 11-20-23

Signature: [Signature]  
(OEC Representative)

Print Name: Kern Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: SWAPNA VENGALAM.