

2025-274

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience - Wethersfield Date: 3/24/25 Time: 2:30pm

Location Address: 88 Executive Sq. Wethersfield, CT Telephone #: 860-785-8899

e-mail address: Wethersfield@tlechildcare.com License #: 70537 Expiration Date: 1/31/28

Capacity: 119/124 # of Children Present: 80 # of Staff Present: 16

**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 2025-274 - Self Report

Observations/Corrections needed:

PIC Swapna Vengaliam - Director

(S) 19a-79-4a(d)4(D) - Staffing and Consultant - Supervision - Staff failed to ensure the supervision of a child at all times while at the program when staff left a child, alone and unsupervised in the classroom while staff transitioned to the outdoor Play ground. Staff did not adhere to the Program's Supervision Policy when ~~staff~~ <sup>staff</sup> did not supervise children at all times and left a child unattended

(NS) 19a-79-3a(b)(6) - Administration - Annure training/Orientation - Program provided Orientation to the staff member

(NS) 19a-79-4a(a)(3) - Staffing and Consultant - Disciplinary Actions - OEC observed disciplinary Actions for a staff member who left a child unsupervised.

(NS) 19a-79-5a(a)(3)(A) Record Keeping - Incident, Accident, Illness Report - OEC observed an incident report for a child who was left unsupervised by a staff member at program

(S) = Substantiated    (NS) = Not Substantiated    (P) = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

Print Name: Valeria Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/8/25

Signature: [Signature]  
(Person in Charge)

Print Name: SWAPNA VENGALIAM