

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: 4/4/2 Time: 11:00

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

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

Capacity: 119/94 # of Children Present: 77 # of Staff Present: 16

**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: Follow-up 2025-274 Self-Report

Observations/Corrections needed:

PIC Swapna Vengalam - Director

(NS) (199-79-1a(d)(1)(D) - Staffing and Consultants - Supervisor - There was insufficient evidence to support that Program was not adhering to Supervisor Policy,

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: [Signature]  
(OEC Representative)

Print Name: Valecia Williams

Signature: [Signature]  
(Person in Charge)

Print Name: SWAPNA VENKALAM