

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 6/30/25 Time: 8:30

Location Address: 10 Sedona Circle South Windsor Telephone #: 860-730-4749

e-mail address: SouthWindsor@TLEChildcare.com License #: 70801 Expiration Date: 12/31/28

Capacity: 133/15 # of Children Present: 77 # of Staff Present: 18

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Partial - CAC 2025-54

Observations/Corrections needed:

19a-79-10(c)(2) - Program was observed in ratio during a visit on 6/24/25

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: Kawon
(OEC Representative)

Print Name: Kirini Morgan

Signature: _____
(Person in Charge)

Print Name: _____