

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 6/26/25 Time: 1:00

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

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

Capacity: 133/75 # 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: Investigation Case 2025-407

Observations/Corrections needed:

- ① 19a-7a-6a (a)(4) - Health + Safety - menus - program failed to post snack + lunch menus from approximately the first week of March.
- ② 19a-7a-6a (a)(2)(B) - health + safety - nutritionally adequate meals - program failed to ensure lunches served included five food groups.
- ③ 19a-7a-6a (a)(5) - health + safety - food service - program failed to have a serv-safe food handler or manager as required by local health from 6/11/25 - 6/16/25.

Discussed:

- Utilize dietician consultant once kitchen is running.

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: 7/10/25

Signature: [Signature]
(OEC Representative)
Print Name: Kristin Morgan / Kevin Edin
Signature: [Signature]
(Person in Charge)
Print Name: Patricia Casaretto