

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Learning Experience      Date: 7/10/25      Time: 11:59 AM

Location Address: 10 Edna 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: \_\_\_\_\_ # of Staff Present: \_\_\_\_\_

<b>Consent to Inspect Family Child Care Home</b>	<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>
--	---

Purpose of visit: Case 2025-679 - Follow up

**Observations/Corrections needed:**

19a-79-4a(d)(4)(c) Staffing - Supervision  
(NS) Regulation in compliance at time of OEC visit today.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Arlyn Vicente Quinones  
(OEC Representative)  
Print Name: Arlyn Vicente Quinones  
Signature: Natalee