

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 7/29/25 Time: 8:24

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

e-mail address: wethersfield@thechildcare.com License #: 70534 Expiration Date: 1/31/28

Capacity: 119/64 # of Children Present: 29 # of Staff Present: 7

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: Follow up to 7/22/25 visit (Case 2025-669)

Observations/Corrections needed:

19a-79-4a(d)(4)(D) Staffing - Supervision
(NS) Regulation in compliance during DEC walkthrough today.

19a-79-4a(d)(4)(A) Staffing - Ratios
(NS) Regulation in compliance during DEC walkthrough today.

19a-79-1d(e)(2) Under three endorsement - Ratios
(NS) Regulation in compliance during DEC walkthrough 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: na

Signature: Dulyn Vicente-Quinones
(OEC Representative)
Print Name: Dulyn Vicente-Quinones
Signature: [Signature]
(Person in Charge)
Print Name: WAPNA VENGALAM