

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8/14/25 Time: 6:10
Location Address: 1268 West. St. Southington Telephone #: 860-609-5064
e-mail address: Southington@TLEchildcare.com License #: 70767 Expiration Date: 7/31/28
Capacity: 137/64 # of Children Present: _____ # 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 on CASC 2025-733

Observations/Corrections needed:

<u>19a-79-10(g)(4) - Under 3 endorsement - safe</u>	<u>7:2</u>
<u>sleep. Observed infant sleeping in a</u>	<u>8:2</u>
<u>bouncer seat. Per director, staff informed to</u>	<u>6:2</u>
<u>move sleeping infants within 10 minutes of</u>	<u>7:2</u>
<u>them falling asleep.</u>	<u>10:1</u>
	<u>5:1</u>
<u>19a-79-4a(d)(4)(D) - Staffing - supervision -</u>	<u>10:1</u>
<u>in compliance.</u>	<u>12:2</u>
	<u>18:2</u>
	<u>4:1</u>

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: 8/28/25

Signature: [Signature]
(OEC Representative)
Print Name: Whitney Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Catherine Raiti