

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: 8/19/25 Time: 4:00
Location Address: 1268 West St. Southington Telephone #: 860-609-5004
e-mail address: Southington@TheLearningExperience.com License #: 70767 Expiration Date: 7/31/28
Capacity: 137/164 # of Children Present: 65 # of Staff Present: 15

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up 2025-733

Observations/Corrections needed:

10a-79-10 (g)(4) - safe sleep - in compliance 6:2

_____ 4:1

_____ 4:2

_____ 3:1

_____ 10:1

_____ 11:2

_____ 8:1

_____ 2:1

_____ 7:2

_____ 10:1

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: [Signature]
(OEC Representative)
Print Name: Krish
Signature: [Signature]
(Person in Charge)
Print Name: Catherine Patz