

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience Date: 8-7-25 Time: 1:15

Location Address: 1268 West St, Southington Telephone #: 800-609-5066

e-mail address: southington@thelearningexperience.com License #: 70767 Expiration Date: 7-31-28

Capacity: 137 # of Children Present: 91 # of Staff Present: 17

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: self report case # 2025-733

Observations/Corrections needed:

S 19a 79-4aEd)(M)(D) - supervision. A child was left unsupervised for approximately 1 minute.

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: 8-21-25

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Catherine Ruiti