

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 - Wethersfield Date: 10/9/25 Time: 11:06 AM
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 # of Children Present: 55 # of Staff Present: 17

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial for items cited 7/22/25

Observations/Corrections needed:
19a-79-4a(c)(4)(D) Staffing - Supervision
(NS) Regulation in compliance at time of visit.
19a-79-4a(d)(4)(A) Staffing - Ratios
(NS) Regulation in compliance at time of visit.
19a-79-10(c)(2) Under three endorsement - Ratios
(NS) Regulation in compliance at time of visit

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: Ma

Signature: Evelyn Vicente-Quinones
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: _____
(Person in Charge)
Print Name: _____

SWADNA VENGACHAM