



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	THE LEARNING EXPERIENCE				License Number	DCCC.70801		Date of Inspection	04/08/2026		
					Expiration Date	12/31/2028		Time of Inspection	10:35 AM		
Address	10 SEDONA CIR SOUTH WINDSOR CT 06074-6802				Telephone	(860) 730-4749		Licensed Capacity	153		
					Hours of Operation	6:30 AM - 6:30 PM		Under Three Capacity	75		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 13 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	southwindsor@tlechildcare.com					
Operator	MITTAS AT SOUTH WINDSOR LLC				Director	PATRICIA CUSCHETTO					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Dianna Wassenhove					
Numbers of Staff/Children Present	# Children Present under age 3	36	# Total Children Present	67	# of Staff Present	14	Purpose of Visit	Investigation 2026-282 Safe Sleep Follow Up			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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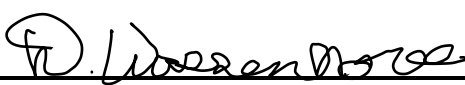

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] Not Substantiated
130- Safe Sleep The regulation regarding infant sleeping was found to be in compliance during this visit. All children that were sleeping were in a crib properly sleeping during the walk through.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Dianna Wassenhove	Suham Caraballo	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: dianna.wassenhove@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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