



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	mittas at Enfield, LLC DBA The Learning Experience	Date of Inspection:	12/24/24 12-4-24	Time of Arrival:	7:45am 7:45am
Address:	11 Shaker Rd	License Number:	Pending	Expiration Date:	Pending
Town:	Enfield	Telephone Number:	860-335-5300	Summer Care:	
Operator:	mittas at Enfield, LLC DBA The Learning Experience	# of Staff Present:	7	# over 3 Present:	5
Email:	enfield@thechildcare.com	Total Capacity:	149	Total Under 3 capacity:	94
Designated Director:	Norah Tower	Hours/Days of Operation:			M-F 6 ³⁰ am - 6 ³⁰ pm

Instruction Codes: N/A = Not applicable at this time √ = Regulation in Compliance O = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 11-19-24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Evidence of compliance
- Adequate staffing
- Designated head teacher-approved-60%
- Two staff present-age 18 or older
- Personal qualities of staff
- RATIOS
- Ratio 1:10 - Indoors/Outdoors
- Mixed age group-ratios
- Nap time ratio
- Supervision-Indoors/Outdoors
- GROUP SIZE
- Group Size-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Mixed age group-group size
- Designated director-training
- CPR certified program staff
- First aid certified program staff
- PROFESSIONAL DEVELOPMENT
- Documentation
- Health & Safety training
- 1% annual hours
- SWIMMING ACTIVITIES - Y/N
- Swimming-Ratios
- Non-swimmers identified
- CPR certified staff-age 20 or older
- Lifeguard-certified-supervising
- CONSULTANTS
- Consultants-Education, Health, Social Service, Dietitian (N/A)
- Consultant agreements-signed annually
- Agreements complete w/required services
- Consultant logs-documented activities, observations and required services
- Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian	NA	NA	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME Mittas @ Entfield LLC DBA The Learning Experience LICENSE NUMBER Pending DATE OF INSPECTION 12-1-24
12-4-24

RECORD KEEPING 19a-79-5

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
- (a)(1)(D)(ii) Emergency medical permission
- (a)(1)(D)(iii) Authorized release permission
- (a)(1)(D)(iv) Field trip permission
- 38. (a)(2)(A-B) Transportation permission
- 39. (a)(2)(C) Child Health Records
- 40. (a)(2)(E) Immunization records
- 41. (a)(3)(A) Individual care plan-signed by parents/staff
- 42. (a)(3)(B) Injury, Illness, Incident, Accident reports
- 43. (a)(3)(C)(i-ii) Parent notification of illness or injury
- 44. (a)(3)(D) Notify OEC of serious injuries, fatality
- 45. (a)(4) Notify DPH, local health-reportable diseases
- Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. **TOILETING**
- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (d)(10)(D) Required toilets/sinks-1:25 schl age only
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
- (d)(11) Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) **FIRST AID SUPPLIES**-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- 83. (d)(11)
- 84. (d)(11)
- 85. (e)(1)
- (e)(1)
- (e)(2)
- 86. (e)(3)
- 87. (e)(4)
- 88. (e)(5)
- 89. (e)(5)
- 90. (e)(6)
- 91. (e)(7)
- 92. (e)(7)
- 93. (e)(7)
- 94. (e)(7)
- (e)(8)
- (e)(9)
- (e)(9)
- (e)(9)
- (e)(10)
- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 10-15-24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** -Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 11-12-24
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) **LEAD PAINT** - Peeling Paint - Y/N Inside/Outside
- (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N
- (c)(6)(B-D) Results NA
- (c)(6)(B-D) Lead Management Plan NA
- 71. (d)(1) Emergency vehicle access

- (e)(10)
- (e)(11)
- (e)(12)
- (e)(13)
- (e)(14-15)
- (e)(16)
- (e)(17)
- (e)(18)
- (f)(1)(A)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (e)(8) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- (e)(9) Schl age only-lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
- (e)(10) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(10) Stairs-protected/good repair-handrails
- (e)(10) Toxic plants/materials inaccessible
- (e)(10) Pets or other animals-in good health, written care plan including access to children
- (e)(10) Prevention of vermin-openings screened
- (e)(10) Radon test- Results: 11-11-24 N/A
- (e)(10) Results posted-Date: -4 (Schls-N/A)
- (e)(10) Carbon monoxide detector-each level N/A
- (e)(10) Program space-adequate-35 sq. ft. per child
- (e)(10) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- (e)(10) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- (e)(10) Air conditioners, water heaters, fuse boxes inaccessible
- (e)(10) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME: mittas@enfield LLC DBA The Learning Experience LICENSE NUMBER: Pending DATE OF INSPECTION: 12-3-24
12-4-24

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
 110. (i) No weapons/no facsimile of a firearm
 111. OUTDOOR SPACE
 (h)(1) Adequate space- 75 sq. ft. per child
 (h)(2) Shock absorbing surfaces-minimum 8"
 (h)(3) Playground free from hazards
 (h)(4) Nuts, bolts, screws-tight, covered/protected
 (h)(5) Outside equipment anchored-anchors buried
 (h)(6) New equip- cert playg. Inspection upon request
 (h)(8) Drinking water available/accessible
 (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
 112. OUTDOOR PROTECTED/FENCING
 (h)(7) Playground protected from traffic, water, gullies or other hazards
 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
 (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
 114. WATER HAZARDS
 (i) Pools, swimming areas-conforming to 19-13-B33b and 19a-36-B61 N/A
 (i) Wading pools prohibited
 (i) Hot tubs/spas/saunas-locked/inaccessible N/A

129. (f)(1) LINENS/CLOTHING
 (f)(2) Linens/emergency clothing available
 (f)(3) Linens washed weekly or as needed
 (f)(4) Linens/clothing stored individually
 130. (g)(1) Cribs/cots cleaned-linens changed when shared
 (g)(1) SAFE SLEEP
 (g)(1) Under 12 mths placed on back for sleeping
 (g)(1) Crib-snug fitting mattress/tightly fitted sheet
 (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 (g)(2) Infants allowed to adopt other sleep positions
 (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
 (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 (g)(6) Observe/assess infants at least every 15 minutes
 (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 (g)(8) Safe sleep policies posted/parents informed
 131. (h)(1) Infant toys-separate/washed/sanitized daily
 132. (h)(1) Toddler toys-washed/sanitized weekly
 133. (h)(2) No toys/objects less than 1 1/4 " diameter
 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 135. (i)(1)(2A-C) Health consultant visits/documentation
 136. FEEDING
 (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 (k)(1) Written feeding schedule from parent-updated
 (k)(2) Unused formula/milk discarded after feedings
 (k)(3) Clean bottles/disposable bottles/appvd washing
 (k)(4) Baby food served from dish or whole jar
 (k)(5) Bottles labeled with child's name
 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 139. (l)(3) Shock ab materials less than 1 1/2 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

115. (a) Written daily/weekly educational plan-developmentally appropriate
 116. (a) EDUCATIONAL REQUIREMENTS
 (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
 (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

117. (b) Approved Under 3 Endorsement
 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
 120. (c)(4) Physical barriers- indoors/outdoors
 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
 123. (d)(2)(B) Washable cots
 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
 126. (d)(2)(E) Refrigerator and food prep facilities
 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
 128. DIAPERING
 (e)(1) Diaper area: elevated/sturdy/safety rail
 (e)(2) Diaper area: used only for this purpose, located in the program area
 (e)(3) Diaper area: non-porous surface/good repair
 (e)(4) Diaper area: washed/disinfected after use
 (e)(5) Diaper area: disposable paper sheets
 (e)(6)(9) Covered waste receptacle-removed daily
 (e)(7) Handwashing-staff/children
 (e)(8) Diapering-Handwashing policies-posted/followed
 (e)(10)(A-C) Cloth diapers-written plan developed

140. (b) Approved Schl Age Endorsement
 141. (c) SCHEDULE - ACTIVITIES
 142. (c)(1) Written daily program plan-flexible schedule- available to staff/parents
 (c)(2) Activities not a duplication of child's day
 (c)(3) Activities include cognitive, physical, social, emotional needs of the children
 (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 143. (d) Ratio- 1:15
 144. (e) Group size- max. 30
 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 146. (g) Head teacher approved- 60%

Handwritten initials and signatures at the bottom of the page.

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Mittas @ Enfield, LLC DBH The Learning Experience	LICENSE NUMBER	Pending	DATE OF INSPECTION	12-2-24 12-4-24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input type="checkbox"/> (b)(1)(B)	
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		(i)-(iii)	
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	
<input checked="" type="checkbox"/> 153.		SLEEP PROVISIONS		<input checked="" type="checkbox"/> (c)(2)	
	<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	(c)(3)	
	<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled			
	<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	
	<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	
	<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	
	<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants			
<input checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions N/A
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159.		Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING	Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage N/A		
	<input checked="" type="checkbox"/> (a)(2)				
	<input checked="" type="checkbox"/> (a)(3)(A-B)				
	<input checked="" type="checkbox"/> (a)(3)(C)				
<input checked="" type="checkbox"/> 160.					
	<input checked="" type="checkbox"/> (b)(1)(A/C)				
	<input checked="" type="checkbox"/> (b)(1)(D)				
	<input checked="" type="checkbox"/> (b)(1)(E)				
	<input checked="" type="checkbox"/> (b)(1)(F)				
	<input checked="" type="checkbox"/> (b)(2)(A-B)				
	<input checked="" type="checkbox"/> (b)(2)(C)				
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)				
<input checked="" type="checkbox"/> 162.	(b)(3)(D)				
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)				
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)				
<input checked="" type="checkbox"/> 165.	(b)(5)(C)				
<input checked="" type="checkbox"/> 166.	(b)(5)(D)				
<input checked="" type="checkbox"/> 167.	(b)(5)(E)				
<input checked="" type="checkbox"/> 168.	(b)(6)				
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)				
<input checked="" type="checkbox"/> 170.	(d)				

SIGNATURE OF OEC STAFF	<i>D. Wassenhove</i>	<i>Sharnae Sobert</i>	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Dianna Wassenhove	SHARNAE SOBERT	PRINTED NAME

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <i>Prior to Licensing</i>
CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas@Enfield LLC DBA The Learning Experience License # Pending Date: 12-24
12-4-24

Observations/Corrections needed:

- DW *118 ~~Observed one staff with five children under age three when 1:5 ratio was not approved prior to use.~~
- * All items were observed or discussed in great detail.
- * 11 toilets and 33 sinks observed. -2 staff bathrooms for staff use only.

Educational Consultant: Judy Goldberg
Health Consultant: Sara Gesner

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: D. Wassonbove
(OEC Representative)

Print Name: Dianna Wassonbove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shannon Roberts
(Person in Charge)

OEC BY: Prior to License

Print Name: SHANNON ROBERTS

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas@Enfield LLC DBA The Learning Experience License # Pending Date: 12-1-24
12-4-24

Observations/Corrections needed:

Capacity By Room

A - 8 - Under 3

B 8 - Under 3

C 10 - Under 3 (2 Year old room)

D 8 - Under 3

E 8 - Under 3

F 9 - Under 3 (2 Year old room)

G 9 - Under 3 (2 Year old room)

H 19 - Over 3

I 8 - Under 3

J 8 - Under 3

K 21 - Over 3

L 9 - Under 3 (2 Year old room)

M 9 - Under 3 (2 Year old room)

N 15 - Over 3

Total Under 3 = 94

Over 3 = 55

Total Capacity = 149

Under 3 Playground = 25

Over 3 Playground = 42

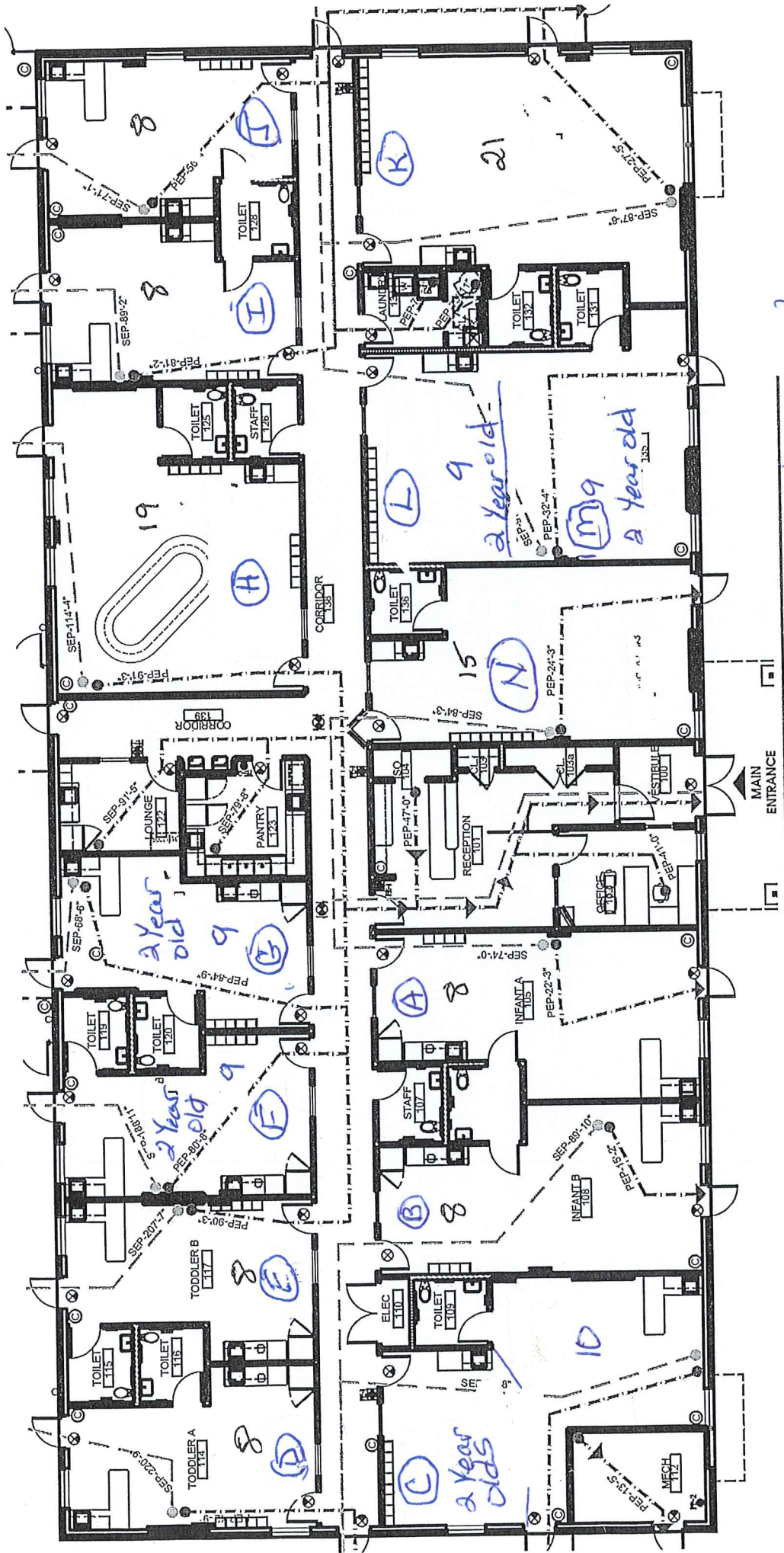
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

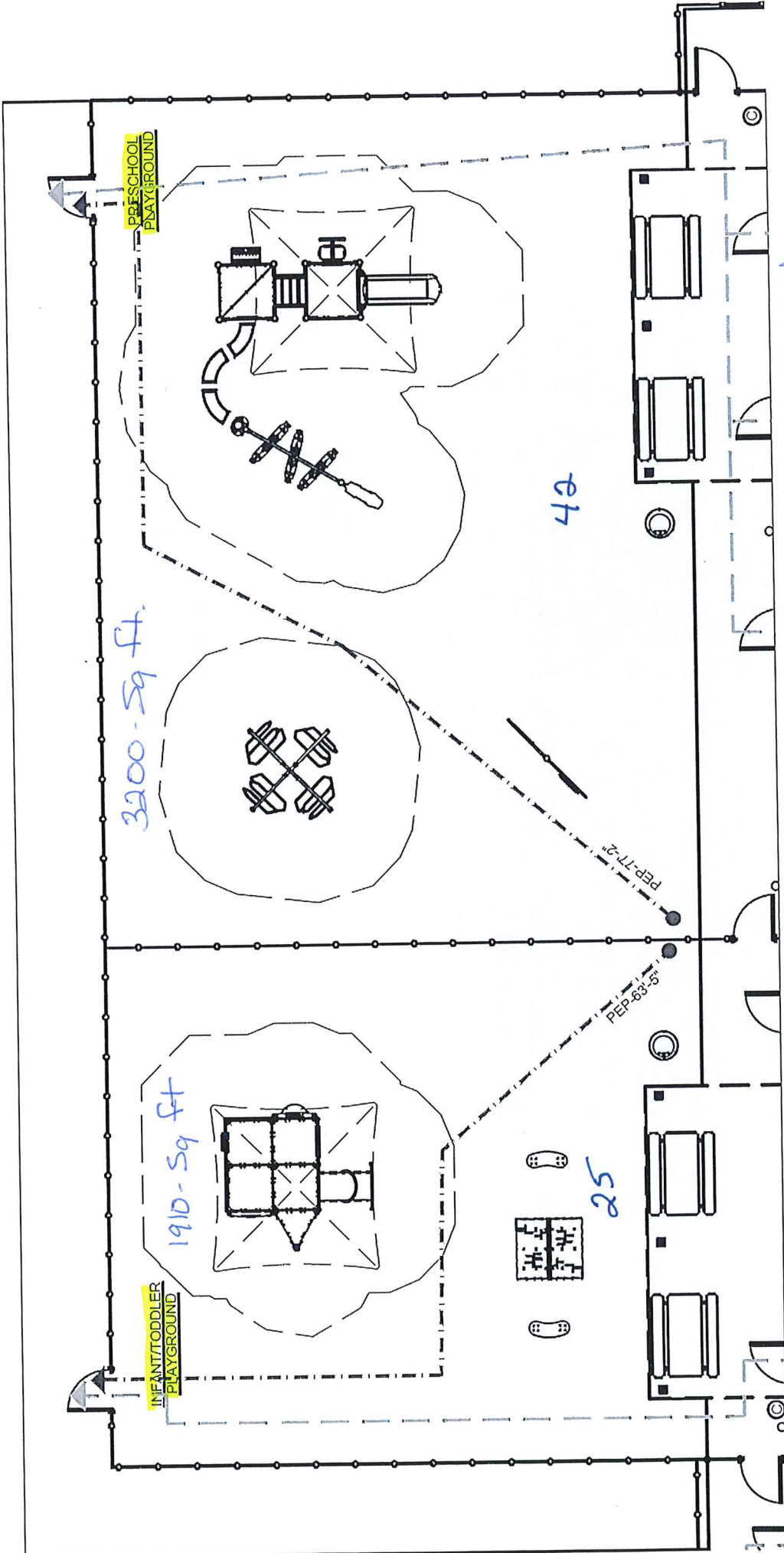
Signature: D. Wassonhore
(OEC Representative)Print Name: Dianna Wassonhore

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Mhanna Doherty
(Person in Charge)OEC BY: Prior to licensePrint Name: SHANNON DOHERTY



Handwritten note: HE-E-E1 JO SA
Sisqum u jacpu-I



Outdoor play areas approved
12-d-24