

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Cheshire DBA The Learning Experience Date: 1/8/25 Time: 12:30

Location Address: 425 Highland Ave Cheshire Telephone #: 203 806-1195

e-mail address: cheshire@hechildcare.com License #: 70799 Expiration Date: 12/31/28

Capacity: 144/89 # of Children Present: ~~55/29~~ 33/19 # of Staff Present: 7

**Consent to Inspect
Family Child Care Home**

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 _____

Purpose of visit: Investigation 2024 - 1348

Observations/Corrections needed:

⑤ 19a-79-4a(d)(3)(A) Personal qualities of staff to care for and work with children - staff member showed poor judgement to work with children when she came to work in a classroom with a marijuana vape in her pocket and acted as if she was under the influence. Staff was sent home that day prior to finding the vape for being excessively lethargic. This was also documented in October 2024 that staff was sent home for being too lethargic to function in a classroom.

⑤ 19a-79-3a(d) Implement policies - staff member failed to follow the program's policy which prohibits coming to work under the influence and using vape pens.

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: 1/23/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Chantel Maloney
(Person in Charge)

Print Name: Chantel Maloney