

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at South Wind. TLE Date: 1/22/25 Time: 9:50 am

Location Address: 10 Sedona Cir. South Windsor Telephone #: 840 730 4749

e-mail address: southwindsor@tlecchildcare.com License #: 70801 Expiration Date: 12/31/28

Capacity: 133/75 # of Children Present: 64/36 # of Staff Present: 14

**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 N/A

Purpose of visit: Complaint Investigation Case 2025-54

Observations/Corrections needed:

⑤ 19a-79-10 (c) (2) - Under three Endorsement - Ratios - Per staff interviews + sign in sheets, a toddler room had a ratio of 17 children with 2 staff on 1/15/25.

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: 2/5/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Jahmeeka Foxshaw