

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at South Windsor TLE Date: 2/5/25 Time: 10:00

Location Address: 10 Sedona Cir. South Wind. Telephone #: 860 730 4749

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

Capacity: 133/175 # of Children Present: 67/135 # of Staff Present: 15

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 <u>N/A</u>
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Purpose of visit: Follow up case 2025-54

Observations/Corrections needed:

NS 19a-79-10(c)(2) - Under three Endorsement - Ratio - Walk through conducted. No violations at this 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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Patricia Caschetto