

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittasat Enfield LLC DBA The Learning Experience Date: 3/11/25 Time: 10:14am

Location Address: 11 Shaker Road Enfield Telephone #: 860-835-5500

e-mail address: enfield@thechildcare.com License #: 70797 Expiration Date: 12/31/28

Capacity: 149/94 # of Children Present: 54 # of Staff Present: 14

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Self report 2025-2026

Observations/Corrections needed:

19a-79-5a(3)(A) Record Keeping - Incident report
3 Regulation not in compliance when the incident report is not available to the DEC upon request. Director stated she is unable to locate incident report at time of DEC visit.

Discussion

- Ensuring medication is documented on child care authorization form vs. School

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: 3/31/25

Signature: *Dulysbente Quinones*
(DEC Representative)

Print Name: Erclyp Vicente + Quinones

Signature: *Norah Tower*

Print Name: Norah Tower
(Person in Charge)