

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Childrens Learning Center at Mitchell College Date: 3/21/25 Time: 9am

Location Address: 701 Montauk Ave New London, CT 06320 Telephone #: 860-701-5348

e-mail address: fidrych-j@mitchell.edu License #: 70370 Expiration Date: 8.31.25

Capacity: 48 # of Children Present: 18 # of Staff Present: 4

**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: Self Reported Incident Case 2025 -

Observations/Corrections needed:

S= 19a-79-3a(c)(1) Program did not notify DEC of director's resignation. Program currently does not have one, last day 3/5/25.

P= 19a-79-3a(b)(7)(A) managing children's behavior based on developmentally appropriate practice

P= 19a-79-4a(c)(3)(A) Personal Qualities to care for and work with children

P= 19a-79-3a(b)(7)(c) Physical restraints used

P= 19a-79-3a(b)(7)(E) Reporting requirements

S= 19a-79-4a(c)(1-5) 2 student teachers providing direct care have not submitted a background check.

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: 4.4.25

Signature: [Signature]  
(OEC Representative)

Print Name: Terri K Roberts

Signature: [Signature]  
(Person in Charge)

Print Name: Debra Gatin Watkins