

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Learning Center At Mitchell College Date: 5/17/2025 Time: 10:05 AM

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

e-mail address: botinelli_m@mitchell.edu License #: 70570 Expiration Date: 8/31/2025

Capacity: 48 # of Children Present: 30 # of Staff Present: 6

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
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Purpose of visit: Follow up to 2/24/2025 full inspection

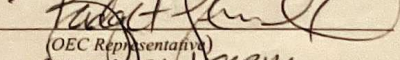
Observations/Corrections needed:

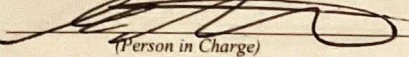
- # 35(D)(2)(A-H): observed social service consultant agreement missing
language as specified in October 2024 regulations
- # 35(F): observed no documentation of annual policy review by Health
consultant
- # 40(a)(2)(E): observed Asthma individual care plan missing parent signature
- # 11d(c)(2): observed bulbs out in ^{Birch} History room
- # 31(f)(1): observed no CPR trained staff between 3pm-5pm daily
- # 31(f)(2): observed no first aid trained staff between 3pm-5pm daily
- # 21(b): observed 3 staff without current / complete comprehensive
background checks

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: 5/21/2025

Signature: 
(OEC Representative)
Print Name: BRIDGET L. HEURICH

Signature: 
(Person in Charge)
Print Name: MARTINA BOTINELLI