

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas c Enfield LLC DBA The Learning Experience Date: 6/26/25 Time: 9:00

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

e-mail address: enfieldc@tlcchildcare.com License #: 20797 Expiration Date: 12/31/28

Capacity: 58/88 # of Children Present: 57 # 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 \_\_\_\_\_

Purpose of visit: Investigation - Case 2025-637

Observations/Corrections needed:

- ① 19a-79-3a(d) - administration - policies - incident/accident policies do not reflect immediate notification to parent upon injury.
- (NS) 19a-79-3a(b)(7)(A) - Administration - child behavior management - no evidence to support regulatory violation.
- (NS) 19a-79-4a(d)(4)(D) - Staffing - supervision - no evidence to support regulatory violation.
- ① 19a-79-5a(a)(3)(B) - Record keeping - accident reports - accident report not available for review. Director unable to locate during visit.
- (NS) 19a-79-5a(a)(3)(B) - Record keeping - immediate notification - no evidence to support regulatory violation.

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: 7/10/25

Signature: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Norah Tower