

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas @ Enfield LLC OSA The Learning Experience Date: 6/17/25 Time: 9:00

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

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

Capacity: 58/88 # of Children Present: 85 # of Staff Present: 21

**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 2025-563

Observations/Corrections needed:

- ① 19a-79-3a(c) - Administration - health + safety of children.  
Program failed to ensure the health + safety of children when 1 staff did not know a child in her care was missing for approximately 30 minutes. When she did realize she did not inform administration, but went looking for him.
- ② 19a-79-3a(d)(5) - Staff administration - policies - staff  
failed to follow program's supervision policy when proper head counts + name to face were not conducted.
- ③ 19a-79-4(a)(4)(b) - Staffing - Supervision - staff failed  
to properly supervise child when he left classroom + was missing for 30 minutes without staff's knowledge.
- ④ 19a-79-4a(d)(4)(A) - during walk through - observed 1 classroom  
at an 11:1 ratio.

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: 7/1/25

Signature: Kuomn  
(OEC Representative)

Print Name: Kristi Morgan

Signature: M  
(Person in Charge)

Print Name: Michèle Czarniecki