

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: 8:30

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

e-mail address: enfield@tlcchildcare.com License #: 70797 Expiration Date: 12/31/24

Capacity: 158/88 # of Children Present: 57 # 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: follow up to case 2025-563

Observations/Corrections needed:

19a-79-3a(a) administration - health + safety - in compliance

19a-79-3a(d)(5) - Administration - policies - in compliance.

19a-79-4a(a)(4)(D) - Staffing - supervision - in compliance.

19a-79-4a(d)(4)(A) - staffing - ratio - in compliance.


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: N/A

Signature: 
(OEC Representative)

Print Name: Krishi Morgan

Signature: 
(Person in Charge)

Print Name: Nbrath