

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Glastonbury DBA The Learning Experience Date: 7/14/25 Time: 2:15
Location Address: 86 Oak St. Glastonbury Telephone #: 860-79-8343
e-mail address: glastonbury@TEchilacare.com License #: 70Y00 Expiration Date: 12/31/24
Capacity: 12/78 # of Children Present: 54 # of Staff Present: 16

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: Investigation 2025-604

Observations/Corrections needed:

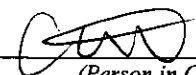
19a-79-3a(b)(7)(A) - Administration - managing child behavior -
Staff inappropriately managed child's behavior when
Administration observed ^a staff ^{member} lift child by the waist +
lift him 2 feet in the air to move him to the other
side of a shelf.

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: 7/30/25

Signature: 
Print Name: Kristi Morgan
(OEC Representative)

Signature: 
Print Name: Anamatta Deloater
(Person in Charge)